A CODE OF PROFESSIONAL AND ETHICAL CONDUCT

FOR THE PROFESSIONS COMPLEMENTARY TO MEDICINE

Produced by the Ethics Sub-Committee of the Council for the Professions Complementary to Medicine

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Preamble

The Code of Professional and Ethical Conduct for the Professions Complementary to Medicine provides a common set of values upon which these professions can maintain and develop their professional and scientific work. Because of the diversities existing between these professions, it is impractical to produce one common Code of Conduct for all the professions. Instead a compendium of separate Codes of Conduct are compiled within this document to provide a comprehensive guide to most of the professions regulated by the Council for the Professions Complementary to Medicine.

These Codes of Conduct are intended to provide both the general principles and the decision rules to cover most situations encountered by the professionals. The Codes have as their primary goal the welfare and protection of the individuals and groups with whom the professionals work. It is the individual responsibility of each professional to aspire to the highest possible standard of conduct.

The development of a dynamic set of professional and ethical standards for the professional's work related conduct requires a personal commitment to a lifelong effort to act ethically; to respect and protect human and civil rights, and do not knowingly participate in or condone unfair discriminatory practices, to encourage ethical behaviour by students, supporting staff, and colleagues.

Each professional should supplement, but not violate, the Code of Professional and Ethical Conduct's values and rules on the basis of consultation with other professionals, and on guidance drawn from personal values, culture, and experience.

CHIROPRACTIC

Occupational Description

Chiropractic is a branch of the healing arts which is concerned with human health and disease processes. Chiropractors are physicians, who consider man as an integrated being and give special attention to the physiological and biochemical aspects including structural, spinal, musculoskeletal, neurological, vascular, psychological, nutritional, visceral, emotional and environmental relationships. Chiropractors are trained in physical diagnosis as well as clinical laboratory diagnosis and roentgen interpretation. Chiropractors fulfil both primary health care and consultancy roles as necessary.

Scope of Practice

The practice and procedures which may be employed by Chiropractors are based on the academic and clinical training received in and through accredited chiropractic colleges and include, but are not limited to, the use of current diagnostic and therapeutic procedures. Such procedures specifically include the adjustment and manipulation of the articulations and adjacent tissues of the human body, particularly of the spinal column. Included is the treatment of intersegmental aberrations for alleviation of related functional disorders. The therapeutic modalities used include, but are not limited to, passive and active movement, massage, manipulative techniques and the application of electro-physical modalities.

A CODE OF PROFESSIONAL AND ETHICAL CONDUCT FOR CHIROPRACTORS

Produced by the Council for the Professions Complementary to Medicine
6 April 2006

1. **Statutory jurisdiction of the Council.** The Council for the Professions Complementary to Medicine is bound by Part V, Articles 27, 28 and Third Schedule of the Health Care Professions Act, 2003 (Cap. 464) to keep registers in respect of chiropractors and to prescribe and maintain professional and ethical standards for them.

2. Part V, Article 25 (1) of the Health Care Professions Act, 2003 (Cap. 464) lays down that no person shall practice the profession of Chiropractic unless he/she is registered with The Council for the Professions Complementary to Medicine, with a recognised qualification in Chiropractic.

3. The Council for the Professions Complementary to Medicine is empowered to issue notices, containing ethical standards for chiropractors as laid down in Part V, Article 27 (1) (b) of the Health Care Professions Act, 2003 (Cap. 464).

4. As a professional group, chiropractors are committed to provide the best possible service to patients, having due regard to an established and accepted code of practice, and to Section 257 of the Criminal Code of Malta Cap. 9 and Section D, paragraph (4) of the Code of Professional and Ethical Conduct regarding confidentiality on personal health information laid down by The Council for the Professions Complementary to Medicine.

5. **Convictions.** Disciplinary proceedings will be taken against any chiropractor if convicted of criminal offences by any Court in Malta and Gozo of a crime punishable by imprisonment for any term exceeding one year or for any of the crimes mentioned in Sections 198 to 209, both sections included of the Criminal Code, and for:

   - Acts of immorality, indecency or dishonesty or any other act involving the abuse of professional relationship.

   - Treating patients or furnishing privileged information at a time when any chiropractor is under the influence of drink or drugs.

   - Forgery, fraud, embezzlement, money laundering and cognate offences.

   - Gross or prolonged neglect of duties and disregard of personal responsibilities towards the patients.

6. Chiropractors should at all times act in such a manner as to justify public trust and confidence, to uphold and enhance the good standing and reputation of the profession, and to serve the public interest and the interests of patients.

7. Health care advice whether on individual or group basis should be given within the confines of the professional competence and knowledge of the individual chiropractor concerned.

8. With a view to the fulfilment of their professional responsibility and in the exercise of their professional accountability, chiropractors shall:

(A) With Reference to his/her Profession

1. Comply with the provisions of Part I of Health Care Professions Act, 2003 (Cap. 464) and with any other laws affecting the profession.

2. Be accountable for his/her work.

3. Take every reasonable opportunity to sustain and improve his/her knowledge and professional competence.

4. Be prepared to request additional training/support when he/she perceives the need.

5. Inform the Council for the Professions Complementary to Medicine about any conscientious objection to the exercise of his/her professional practice.

6. Ensure his/her professional responsibilities and standards of practice are not influenced by considerations of age, sexual preference, religion, sex, race, nationality, party politics, social or economic status or nature of a patient's health problems.

7. Avoid advertising or signing an advertisement by making use of his/her professional qualification(s) to encourage the sale of commercial products.

8. Refrain from claiming or boasting that he/she possesses secret methods or is able to produce phenomenal results.

9. Refrain from using the name, title or description (including initials or letters placed after the person's name) indicating or implying qualifications he/she does not possess.

(B) With Reference to Relationships with Patients

1. Take cognisance of and respect the customs, values, spiritual beliefs and human dignity of patients.

2. Be considerate to the physical and physiological needs of patients and the effects on them of the hospital/clinic environment.

3. Refrain from making use of the privileged relationship with patients or the privileged access to their property.

4. At all times act in such a way as to promote and safeguard the well being and interests of patients for whose care he/she is professionally accountable and ensure that by no action or omission on his/her part their condition or safety is placed at risk.

5. At all times, refraining from criticising, condemning, betraying or otherwise belittling a colleague or any professional concerning diagnosis or treatment in the presence of the patient or layman.

6. Treat any information obtained from the patients or their records with confidentially.

7. Hold in confidence any information obtained through professional attendance on a patient except when authorised by the court to disclose such information or with consent of the patient or responsible guardian to submit the necessary information to a third party.

(C) With Reference to Relationships with Colleagues

1. Ensure that no unqualified person exercises the profession of Chiropractic, or act as if he/she is duly qualified or registered. Nothing in this paragraph is to be regarded as affecting the proper training of bona fide students, provided that adequate and effective supervision is exercised over them.

2. Accept responsibility relevant to his/her professional experience for assisting peers and subordinates to develop their professional competence.

3. Take appropriate action if the workload and pressures on professional colleagues and subordinates are such as may endanger safe standards of practice.

4. Inform the authorities immediately if safe standards of practice are in any way endangered due to inadequate physical working conditions or resources.

5. Work in a collaborative and co-operative manner with other health care professionals.

6. When temporarily in charge of a colleague's patients, not attempt to influence such patients to abandon his practitioner. The methods of treatment originally employed should be upheld as far as is consistently plausible and no way disparaged. In consultation, due regard should always be paid to the chiropractor in charge of the case.

7. Ensure that unethical conduct and illegal professional activities are reported to The Council for the Professions Complementary to Medicine.

(D) Unprofessional Conduct

Saving for other provisions of law no registered chiropractor shall:

1. By any act or omission do anything or cause anything to be done which he or she has reasonable grounds to believe is likely either to endanger or adversely affect in a substantial way the health and/or safety of a patient or patients.

2. Knowingly disclose to any other unauthorised person, the result of investigations or any other information of a personal or confidential nature obtained in the course of practice of his/her profession.

3. Disclose voluntarily without the consent of the patient, preferably written, information, or certification that he/she has obtained in the course of his/her relationship with the patient, save for any exception prescribed by the requirements of the local laws. Chiropractors are referred to the contents of Section 257 of the Criminal Code of Malta Cap. 9 which reads as follows:
   " If any person or who, by reason of his calling or profession or office, becomes the depository of any secret confided to him, shall except when compelled by law to give information to the public authority, disclose such secret, he shall, on conviction be liable to a fine (multa) not exceeding Lm 20,000, or to imprisonment for a term not exceeding two years, or to both such fine and imprisonment".

4. Neglect the contents of paragraph (F) of this chapter relating to cross infection.

(E) Advertising and canvassing[i]

1. **Provision of service:** Advertising by Chiropractors in respect of professional activities shall be accurate and professionally restrained.

2. It is unethical to solicit to potential patients, whether such solicitations are made physically or through any form of communication.

[i] As amended by CPCM decision on 7th September 2006

3. Advertisement whether written, or audio-visual, should reflect the truth and should not be, fraudulent, misleading, deceptive, self-laudatory, unfair or sensational.

4. Claims should not be made extolling superiority of personal skills, equipment or facilities.

5. While it is correct for Chiropractors to publicise their profession and practice, they should act in a restrained manner with regards their personal professional practice.

6. Signs and professional plates should be dignified and professionally restrained, and shall indicate the Chiropractor's name, qualifications, any other diplomas or degrees registrable by The Council for the Professions Complementary to Medicine, the title of state registered Chiropractor and the hours of attendance.

(F) Cross Infection

In drawing up a statement of principles for commendation to its registrants, the Council is bound to take note of recommendations from other European countries with particular attention to the UK Health Departments' expert advisory group on AIDS. In particular, on the risk to patients from HIV infected health-care workers, routine infection control measures, need for screening of health-care workers, close continued supervision of infected health-care workers and the responsibilities of employer and rights of health-care workers, together with the sources of specialist advice and counselling.

In drawing up the statement, the Council requires state-registered practitioners to maintain the strict confidentiality in all dealings with their patients.

The statement of principles is as follows:

1. Members of the profession have a duty to take appropriate precautions to protect their patients and staff from cross-infection.

2. The concern surrounding the spread of HIV infection has served to highlight the precautions that should be taken by members of the profession. By following appropriate precautions to avoid cross-infection, members of the profession may continue to treat all members of the public with total safeguards for all concerned. Failure to provide and use the appropriate facilities and methods may be considered to be unprofessional conduct.

3. It is the ethical responsibility of members of the profession who believe that they may have been infected with HIV or any other transmissible disease to obtain medical advice and, if found to be infected, to submit to regular medical supervision including counselling. It is the duty of such members of the profession to act upon the medical advice they have been given, which may

include the necessity of ceasing practice altogether, or to modify their practice in some way in the best interest of protecting their patients. By failing to obtain appropriate medical advice, or to act upon the advice which has been given to them, members of the profession who know or believe that they may have a transmissible disease may jeopardise the well-being of their patients. Behaviour of this kind may, again, raise a question of unprofessional conduct.

Additional Notes to be read in conjunction with the Code of Conduct

If at any time, guidelines, codes or policies are considered to impede the safe and effective performance of the chiropractor's duties, proposals for change are to be initiated through The Council for the Professions Complementary to Medicine.

Additional Notes to be read in conjunction with the Scope of Practice

1. Scope of practice is determined by formal educational training
2. Recognition of vertebral subluxation as a reason for chiropractic care
3. Direct access to chiropractic care, without referral by any other provider
4. The extension of appropriate professional practice is not restricted

Post doctoral specialisations in Chiropractic Medicine:

a) Chiropractic Orthopaedics
b) Chiropractic Neurology
c) Chiropractic Internal Medicine
d) Chiropractic Sports Medicine

This code should be read in conjunction with Part V, Articles 25 to 28 of the Health Care Professions Act, 2003 (Cap. 464).

DENTAL HYGIENE

Occupational Description

The dental hygienist is a professional, oral health educator and clinical operator, who as an auxiliary to the dentist, uses scientific methods for the control and prevention of oral diseases especially periodontal decease and dental disease to aid individuals in attending and maintaining optimum oral health. The dental hygienist is an essential member of the dental health team in general practices, the community dental service and hospital service. The services of the dental hygienist are utilised in programmes for research, professional education, public health, industrial health and institutional care.

Scope of Practice

Dental hygienists are permitted to carry out dental work of the following kinds under the direction of a registered dental surgeon who has examined the patient and has indicated the course of treatment to be provided.

The dental hygienist performs; cleaning and polishing teeth, scaling teeth (that is to say, the removal of deposits, accretions and stains from those parts of the surfaces of the teeth which are exposed or which are directly beneath the free margins of the gums, including the application of medicaments appropriate thereto) and the application of prophylactic materials including solutions, varnishes, gels and fissure sealants to the teeth. In addition to permitted dental work, dental hygienists participate in dental health education in the principals and practice of oral hygiene on an individual and group basis of all ages.

A CODE OF PROFESSIONAL AND ETHICAL CONDUCT FOR DENTAL HYGIENISTS

Produced by the Council for the Professions Complementary to Medicine
5 February 2002

1. **Statutory jurisdiction of the Council.** The Council for the Professions Complementary to Medicine is bound by Part V, Articles 27, 28 and Third Schedule of the Health Care Professions Act, 2003 (Cap. 464) to keep registers in respect of dental hygienists and to prescribe and maintain professional and ethical standards for them.

2. Part V, Article 25 (1) of the Health Care Professions Act, 2003 (Cap. 464) lays down that no person shall practice the profession of dental hygiene unless he/she is registered with The Council for the Professions Complementary to Medicine, with a recognised qualification in Dental Hygiene.

3. The Council for the Professions Complementary to Medicine is empowered to issue notices, containing ethical standards for dental hygienists as laid down in Part V, Article 27 (1) (b) of the Health Care Professions Act, 2003 (Cap. 464).

4. As a professional group, dental hygienists are committed to provide the best possible service to patients, having due regard to an established and accepted code of practice, and to Section 257 of the Criminal Code of Malta Cap. 9 and Section D, paragraph (4) of the Code of Professional and Ethical Conduct regarding confidentiality on personal health information laid down by The Council for the Professions Complementary to Medicine.

5. **Convictions.** Disciplinary proceedings will be taken against any dental hygienist if convicted of criminal offences by any Court in Malta and Gozo of a crime punishable by imprisonment for any term exceeding one year or for any of the crimes mentioned in Sections 198 to 209, both sections included of the Criminal Code, and for:

   - Acts of immorality, indecency or dishonesty or any other act involving the abuse of professional relationship.

   - Treating patients or furnishing dental information at a time when any dental hygienist is under the influence of drink or drugs.

   - Forgery, fraud, embezzlement, money laundering and cognate offences.

   - Gross or prolonged neglect of duties and disregard of personal responsibilities towards the patients.

6. Dental hygienists are under an obligation to carry out all lawful and reasonable instructions given by the dentist(s) under whose direction or supervision they are working, concerning the care and treatment of patients.

7. Dental hygienists should at all times act in such a manner as to justify public trust and confidence, to uphold and enhance the good standing and reputation of the profession, and to serve the public interest and the interests of patients.

8. Oral hygiene advice whether on individual or group basis should be given within the confines of the professional competence and knowledge of the dental hygienist concerned.

9. With a view to the fulfilment of their professional responsibility and in the exercise of their professional accountability, dental hygienists shall:

(B) With Reference to his/her Profession

1. Comply with the provisions of Part I of the Health Care Professions Act, 2003 (Cap. 464) and with any other laws affecting the profession.

2. Be accountable for his/her work.

3. Take every reasonable opportunity to sustain and improve his/her knowledge and professional competence.

4. Be prepared to request additional training/support when he/she perceives the need.

5. Inform the Council for the Professions Complementary to Medicine about any conscientious objection to the exercise of his/her professional practice.

6. Ensure his/her professional responsibilities and standards of practice are not influenced by considerations of age, sexual preference, religion, sex, race, nationality, party politics, social or economic status or nature of a patient's health problems.

7. Refuse to accept any gift, favour or hospitality that may be interpreted as seeking to exact undue influence to obtain preferential treatment.

8. Avoid advertising or signing an advertisement by making use of his/her professional qualification(s) to encourage the sale of commercial products.

(C) With Reference to Relationships with Patients

1. Take cognisance of and respect the customs, values, spiritual beliefs and human dignity of patients.

2. Be considerate to the physical and physiological needs of patients and the effects on them of the hospital/clinic environment.

3. Refrain from making use of the privileged relationship with patients or the privileged access to their property.

4. At all times act in such a way as to promote and safeguard the well being and interests of patients for whose care he/she is professionally accountable and ensure that by no action or omission on his/her part their condition or safety is placed at risk.

5. Treat any information obtained from the patients or their records with confidentially.

6. Information obtained as a result of diagnostic or therapeutic procedures carried out on a patient is not to be divulged to the patient by the Dental Hygienist unless otherwise instructed by the dentist.

(D) With Reference to Relationships with Colleagues

1. Ensure that no unqualified person exercises the profession of Dental Hygiene, or act as if he/she is duly qualified or registered. Nothing in this paragraph is to be regarded as affecting the proper training of bona fide students, provided that adequate and effective supervision is exercised over them.

2. Accept responsibility relevant to his/her professional experience for assisting peers and subordinates to develop their professional competence.

3. Take appropriate action if the workload and pressures on professional colleagues and subordinates are such as may endanger safe standards of practice.

4. Inform the authorities immediately if safe standards of practice are in any way endangered due to inadequate physical working conditions or resources.

5. Work in a collaborative and co-operative manner with other health care professionals.

6. Ensure that unethical conduct and illegal professional activities are reported to The Council for the Professions Complementary to Medicine.

(E) Unprofessional Conduct

Saving for other provisions of law no registered dental hygienist shall:

1. By any act or omission do anything or cause anything to be done which he or she has reasonable grounds to believe is likely either to endanger or adversely affect in a substantial way the health and/or safety of a patient or patients.

2. Accept patients for treatment unless same have been referred through a procedure that is in accordance with a dental hygienist's professional duty and can be identified as being authoritatively formulated and agreed upon by dental hygienists, dentists and responsible authorities.

3. Knowingly disclose to any patient, or to any other unauthorised person, the result of investigations or any other information of a personal or confidential nature obtained in the course of practice of his/her profession, except to the dental surgeon(s) under whose direction or supervision the dental hygienist is working.

4. Disclose voluntarily without the consent of the patient, preferably written, information, or certification that he/she has obtained in the course of his/her relationship with the patient, save for any exception prescribed by the requirements of the local laws. Dental hygienists are referred to the contents of Section 257 of the Criminal Code of Malta Cap. 9 which reads as follows:
5. *" If any person or who, by reason of his calling or profession or office, becomes the depository of any secret confided to him, shall except when compelled by law to give information to the public authority, disclose such secret, he shall, on conviction be liable to a fine (multa) not exceeding Lm 20,000, or to imprisonment for a term not exceeding two years, or to both such fine and imprisonment".*

6. Neglect the contents of paragraph (F) of this chapter relating to cross infection.

(E) Advertising and canvassing[ii]

1. **Provision of service:** Advertising by Dental Hygienists in respect of professional activities shall be accurate and professionally restrained.

2. It is unethical to solicit to potential patients, whether such solicitations are made physically or through any form of communication.

3. Advertisement whether written, or audio-visual, should reflect the truth and should not be, fraudulent, misleading, deceptive, self-laudatory, unfair or sensational.

[ii] As amended by CPCM decision on 7th September 2006

4. Claims should not be made extolling superiority of personal skills, equipment or facilities.

5. While it is correct for Dental Hygienists to publicise their profession and practice, they should act in a restrained manner with regards their personal professional practice.

6. Signs and professional plates should be dignified and professionally restrained, and shall indicate the Dental Hygienist's name, qualifications, any other diplomas or degrees registrable by The Council for the Professions Complementary to Medicine, the title of state registered Dental Hygienist and the hours of attendance.

(F) Cross Infection

In drawing up a statement of principles for commendation to its registrants, the Council is bound to take note of recommendations from other European countries with particular attention to the UK Health Departments' expert advisory group on AIDS. In particular, on the risk to patients from HIV infected health-care workers, routine infection control measures, need for screening of health-care workers, close continued supervision of infected health-care workers and the responsibilities of employer and rights of health-care workers, together with the sources of specialist advise and counselling.

In drawing up the statement, the Council requires state-registered practitioners to maintain the strict confidentiality in all dealings with their patients.

The statement of principles is as follows:

1. Members of the profession have a duty to take appropriate precautions to protect their patients and staff from cross-infection.

2. The concern surrounding the spread of HIV infection has served to highlight the precautions that should be taken by members of the profession. By following appropriate precautions to avoid cross-infection, members of the profession may continue to treat all members of the public with total safeguards for all concerned. Failure to provide and use the appropriate facilities and methods may be considered to be unprofessional conduct.

3. It is the ethical responsibility of members of the profession who believe that they may have been infected with HIV or any other transmissible disease to obtain medical advice and, if found to be infected, to submit to regular medical supervision including counselling. It is the duty of such members of the profession to act upon the medical advice they have been given, which may include the necessity of ceasing practice altogether, or to modify their practice in some way in the best interest of protecting their patients. By failing to obtain appropriate medical advice, or to act upon the advice which has been given to them, members of the profession who know or believe that they may have a transmissible disease may jeopardise the well-being of their patients. Behaviour of this kind may, again, raise a question of unprofessional conduct.

Additional Notes to be read in conjunction with the Code of Conduct

If at any time, guidelines, codes or policies are considered to impede the safe and effective performance of dental hygienist's duties, proposals for change are to be initiated through The Council for the Professions Complementary to Medicine.

This code should be read in conjunction with Part V, Articles 25 to 28 of the Health Care Professions Act, 2003 (Cap. 464).

DENTAL TECHNOLOGY

Occupational Description

Dental technologists are skilled persons qualified by academic, practical and laboratory practice to construct appliances for the replacement of missing natural teeth in metal or acrylic. These appliances are removable or fixed (e.g. bridges). They also construct removable orthodontic appliances for the proper alignment of teeth, articulation and function. Dental technologists work in co-ordination with a dentist.

Scope of Practice

Modern dentistry relies upon the provision of technology support. Dental prosthesis have to demonstrate and interrelate physical and mechanical principals to restore the function of lost teeth, simultaneously fulfilling the aesthetic expectations of the patients. Every patient presents individual problems, this requires a technologist who can both understand the problem and the manipulative skills to create a solution. Central to the study of Dental Technology is an in-depth understanding of the anatomy and physiology of the oral structures and materials used in this demanding environment. The dental technology industry demands technologists with a broad technical background, extensive knowledge of one or more of the dental disciplines/ specialisations, and the business and managerial skills required for laboratory and quality management.

Denturists or dental prosthetists are dental technologists who have trained specifically as dental technologists, but proceed to supplementary training to qualify themselves as denturists; to construct removable appliances (i.e. dentures) directly to the patient, without intervention or supervision of a dentist.

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Produced by the Council for the Professions Complementary to Medicine
5 February 2002

1. **Statutory jurisdiction of the Council.** The Council for the Professions Complementary to Medicine is bound by Part V, Articles 27, 28 and Third Schedule of the Health Care Professions Act, 2003 (Cap. 464) to keep registers in respect of dental technologists and to prescribe and maintain professional and ethical standards for them.

2. Part V, Article 25 (1) of the Health Care Professions Act, 2003 (Cap. 464) lays down that no person shall practice the profession of dental technology unless he/she is registered with The Council for the Professions Complementary to Medicine with a recognised qualification in Dental Technology.

3. The Council for the Professions Complementary to Medicine is empowered to issue notices, containing ethical standards for dental technologists as laid down in Part V, Article 27 (1) (b) of the Health Care Professions Act, 2003 (Cap. 464).

4. As a professional group, dental technologists are committed to provide the best possible service to patients, having due regard to an established and accepted code of practice, and to Section 257 of the Criminal Code of Malta Cap. 9 and Section D, paragraph (4) of the Code of Professional and Ethical Conduct regarding confidentiality on personal health information laid down by The Council for the Professions Complementary to Medicine.

5. **Convictions.** Disciplinary proceedings will be taken against any dental technologist if convicted of criminal offences by any Court in Malta and Gozo regarding crime punishable by imprisonment for any term exceeding one year or for any of the crimes referred to in Sections 198 to 209, both sections included, of the Criminal Code, and for:

   - Acts of immorality, indecency or dishonesty or any other act involving the abuse of professional relationship.

   - Practising one's profession while the dental technologist is under the influence of drink or drugs.

   - Forgery, fraud, embezzlement, money laundering, and cognate offences.

   - Gross or prolonged neglect of duties and disregard of personal responsibilities regarding professional practice.

6. The dental technologist should at all times be guided by the highest standards of moral conduct. He/she should exemplify professional qualities on all dealings and uphold and enhance the good standing and reputation of the profession, and to serve the public interest.

7. With the view to the fulfilment of their professional responsibility and in the exercise of their professional accountability, dental technologists shall:

(A) With Reference to his/her Profession

1. Comply with the provisions of Part I of the Health Care Professions Act, 2003 (Cap. 464) and with any other laws affecting the profession.

2. Be accountable for his/her work.

3. Take every reasonable opportunity to sustain and improve his/her knowledge and professional competence.

4. Be prepared to request additional training/support when he/she perceives the need.

5. Inform the Council for the Professions Complementary to Medicine about any conscientious objection to his/her professional practice.

6. Ensure his/her professional responsibilities and standards of practice are not influenced by considerations of age, sexual preference, religion, sex, race, nationality, party politics, social or economic status or nature of a patient's health problems.

7. Refuse to accept any gift, favour or hospitality that might be interpreted as seeking to exact undue influence to obtain preferential treatment.

8. Be smartly dressed and of clean appearance at all times while in the laboratory or clinic.

9. Refrain from advertising or signing advertisements using his/her professional qualification(s) to encourage the sale of commercial products. Claim or boast that he/she possesses secret methods or is able to produce phenomenal results, or that he/she has superior knowledge, school connections or illustrious associates either now or in the past.

10. Refrain from using the name, title or description (including initials or letters placed after the person's name) indicating or implying qualifications he/she does not possess.

(B) With Reference to Relationships with Patients

1. Take cognisance of and respect the customs, values, spiritual beliefs and human dignity of patients.

2. Refrain from making use of the privileged relationship with patients or the privileged access to their property.

3. At all times to act in such a way as to promote and safeguard the well-being and interests of patients and at all times, refraining from criticising, condemning, betraying or otherwise belittling a colleague or any professional in the dental team concerning design or treatment in the presence of the patient or laysman.

4. Hold in confidence any information obtained through professional attendance on a patient except when authorised by the court to disclose such information or with consent of the patient or responsible guardian to submit the necessary information to a third party.

(C) With Reference to Relationships with Colleagues

1. Ensure that no unqualified person exercises the profession of Dental Technology, or act as if he/she is duly qualified or registered. Nothing in this paragraph is to be regarded as affecting the proper training of bona fide students, provided that adequate and effective supervision is exercised over them, by a recognised academy.

2. Accept a responsibility relevant to his/her professional experience for assisting peers and subordinates to develop their professional competence.

3. Take appropriate action if the workload and pressures on professional colleagues and subordinates are such as may endanger safe standards of practice.

4. Inform the authorities immediately if safe standards of practice are in any way endangered due to inadequate physical working conditions or resources.

5. Work in a collaborative and co-operative manner with all dental personnel and other health care professionals.

6. Ensure that unethical conduct and illegal professional activities are reported to The Council for the Professions Complementary to Medicine.

7. Respect and acknowledge registered dental technologists who through considerable experience and training acquired the status of a qualified technologist before the introduction of registration of professions.

(D) Unprofessional Conduct

Saving for other provisions of law no registered dental technologist shall:

1. By any act or omission do anything or cause anything to be done which he or she has reasonable grounds to behave is likely either to endanger or affect adversely in a substantial way the health or safety of a patient or patients or throw a bad light on a colleague or dental practitioner.

2. Accept patients for dental prosthetic treatment out of his/her professional competence.

3. Hold himself/herself out as a person who by training and experience is professionally qualified to provide a service outside the limits of the profession, but the Council would not regard it as a breach of this requirement , if a technologist:

a) In special circumstances, at the request and supervision of a dental practitioner/denturist in charge of the case, passed on verbally or written statement for the case to proceed in his care.

b) Has shown that through his/her experience and training is capable of providing the service during which term no organised or established courses were provided locally.

4. Disclose voluntarily without the consent of the patient, information, including certification that he/she has obtained in the course of his/her practice. Exception to this rule is made only by the requirements of the local laws. Dental technologists are reminded of section 257 of the Criminal Code of Malta Cap. 9 which reads as follows:
" If any physician, surgeon, obstetrician or, in general, any other person who, by reason of his calling or profession, becomes the depository of any secret confided to him, shall except when compelled by law to give information to the public authority, disclose such secret, he shall, on conviction be liable to a fine (multa)".

5. Neglect the contents of Paragraph (F) of this chapter relating to cross infection.

(E) Advertising and canvassing[iii]

1. **Provision of service:** Advertising by Dental Technologists in respect of professional activities shall be accurate and professionally restrained.

2. It is unethical to solicit to potential patients, whether such solicitations are made physically or through any form of communication.

3. Advertisement whether written, or audio-visual, should reflect the truth and should not be, fraudulent, misleading, deceptive, self-laudatory, unfair or sensational.

4. Claims should not be made extolling superiority of personal skills, equipment or facilities.

5. While it is correct for Dental Technologists to publicise their profession and practice, they should act in a restrained manner with regards their personal professional practice.

6. Signs and professional plates should be dignified and professionally restrained, and shall indicate the Dental Technologist's name, qualifications, any other diplomas or degrees registrable by The Council for the Professions Complementary to Medicine, the title of state registered Dental Technologist and the hours of attendance.

(F) Cross Infection

In drawing up a statement of principles for commendation to its registrants, the Council is bound to take note of recommendations from other European countries with particular attention to the UK Health Departments' expert advisory group on AIDS. In particular, on the risk to patients from HIV infected health-care workers, routine infection control measures, need for screening of health-care workers, close continued supervision of infected health-care workers and the responsibilities of employer and rights of health-care workers, together with the sources of specialist advise and counselling.

In drawing up the statement, the Council requires state-registered practitioners to maintain the strict confidentiality in all dealings with their patients.

[iii] As amended by CPCM decision on 7th September 2006

The statement of principles is as follows:

1. Members of the profession have a duty to take appropriate precautions to protect their patients and staff from cross-infection.

2. The concern surrounding the spread of HIV infection has served to highlight the precautions that should be taken by members of the profession. By following appropriate precautions to avoid cross-infection, members of the profession may continue to treat all members of the public with total safeguards for all concerned. Failure to provide and use the appropriate facilities and methods may be considered to be unprofessional conduct.

3. It is the ethical responsibility of members of the profession who believe that they may have been infected with HIV or any other transmissible disease to obtain medical advice and, if found to be infected, to submit to regular medical supervision including counselling. It is the duty of such members of the profession to act upon the medical advice they have been given, which may include the necessity of ceasing practice altogether, or to modify their practice in some way in the best interest of protecting their patients. By failing to obtain appropriate medical advice, or to act upon the advice which has been given to them, members of the profession who know or believe that they may have a transmissible disease may jeopardise the well-being of their patients. Behaviour of this kind may, again, raise a question of unprofessional conduct.

Additional Notes to be read in conjunction with the Code of Conduct

If at any time, guidelines, codes or policies are considered to impede the safe and effective performance of dental technologist's duties, proposals for change should be initiated through The Council for the Professions Complementary to Medicine.

Post diploma specialisations in Dental Technology:

e) Maxillo Facial Technology - *facial implants, oburators (cleft palates) facial prosthesis*
f) Orthodontic Technology - *fixed and functional appliances concerned mainly for treatment on adolescents*
g) Crown and Bridge Technology - *fixed metallic appliances and precision attachments*
h) B.Sc. Dental Technology - *overdentures and implanology*

This code should be read in conjunction with Part V, Articles 25 to 28 of the Health Care Professions Act, 2003 (Cap. 464).

ENVIRONMENTAL HEALTH

Occupational Description

The health of the community at large is the mission that all Environmental Health Officers have to keep in mind.
A healthy environment for the community free of disease, food free of suspicion and a healthy working environment are the objectives sought after by the professionals in the Environmental Health Officers grades.

Scope of Practice

The objectives referred to above are achieved through the education of the community and the enforcement of the Health and Environment laws. The Health Inspectorate is the executive arm of the Department of Health. These objectives comprise of:

- Enforcement of food safety policies by:
  a) The regular inspection of premises licensed to prepare and sell articles of food and the regular sampling of food.
  b) The control of imports and exports of raw and cooked foodstuffs.
- The monitoring of the environment through inspections and samples.
- Compliance with immunisation laws and regulations.
- Surveillance of passengers coming from infected area.
- Regulation of burials.
- Monitoring of infectious diseases.
- Licenses for food handlers, food premises, pharmacies and clinics are to be issued following a recommendation by the environmental health officer.

A CODE OF PROFESSIONAL AND ETHICAL CONDUCT FOR ENVIRONMENTAL HEALTH OFFICERS

Produced by the Council for the Professions Complementary to Medicine
5 February 2002

1. **Statutory jurisdiction of the Council.** The Council for the Professions Complementary to Medicine is bound by Part V, Articles 27, 28 and Third Schedule of the Health Care Professions Act, 2003 (Cap. 464) to keep registers in respect of Environmental Health Officers and to prescribe and maintain professional and ethical standards for them

2. Part V, Article 25 (1) of the Health Care Professions Act, 2003 (Cap. 464) lays down that no person shall practice the profession of Environmental Health Officer unless he/she is registered with The Council for the Professions Complementary to Medicine, with a recognised qualification in the profession of Environmental Health.

3. The Council for the Professions Complementary to Medicine is empowered to issue notices, containing ethical standards for Environmental Health Officers as laid down in Part V, Article 27 (1) (b) of the Health Care Professions Act, 2003 (Cap. 464).

4. As a professional group, Environmental Health Officers are committed to provide the best possible service to the general public having due regard to an established and accepted code of practice, and to Section 257 of the Criminal Code of Malta Cap. 9 and Section D, paragraph (3) of the Code regarding confidentiality on personal health or other Information laid down by The Council for the Professions Complementary to Medicine.

5. **Convictions.** Disciplinary proceedings will be taken against any Environmental Health Officer if convicted for criminal offences by any Court in Malta and Gozo regarding crime punishable by imprisonment for any term exceeding one year or for any of the crimes referred to Sections 212 to 219 or in sections 221 to 223 of the Criminal Code, and for:

   - Acts of immorality, indecency or dishonesty or any other act involving the abuse of professional relationship.

   - Carrying out official duties while the Health Inspector is under the influence of drink or drugs.

   - Forgery, fraud, embezzlement, money laundering and cognate offences.

- Gross or prolonged neglect of duties and disregard of personal responsibilities towards the public.

6. Environmental Health Officers should at all times act in such a manner as to justify public trust and confidence, to uphold and enhance the good standing and reputation of the profession, and to serve the public interest.

7. With the view to the fulfilment of their professional responsibility and in the exercise of their professional accountability, Environmental Health Officers shall:

(A) With Reference to his/her Profession

1. Comply with the provisions of Part I of the Health Care Professions Act, 2003 (Cap. 464), and with any other laws affecting the profession.

2. Be accountable for his/her work.

3. Carry out duties that are according to standard norms of practice.

4. Take every reasonable opportunity to sustain and improve his/her knowledge and professional competence.

5. Request additional training/support when he/she perceives the need.

6. Inform the Council for the Professions Complementary to Medicine any conscientious objection to the exercise of his/her professional practice.

7. Ensure his/her professional responsibilities and standards of practice are not unduly influenced by considerations of religion, sex, race, nationality, party politics, social or economic status of the persons with whom he can come into contact.

8. Refuse to accept any gift, favour or hospitality that may be interpreted as seeking to exact undue influence to obtain preferential treatment.

9. Avoid advertising or signing an advertisement by making use of his/her professional qualification(s) to encourage the sale of commercial products.

(B) With Reference to Relationships with the Public

1. Have regard to the customs, values, spiritual beliefs and human dignity of persons.

2. Avoid any abuse of the powers of entry belonging to third parties.

3. Avoid any abuse of the executive powers to further or enhance for personal advancement financially or otherwise.

4. At all times act in such a way as to promote and safeguard the well being and interests of persons with whom he comes into direct contact professionally and ensure that by no action or omission on his/her part their condition of health or safety is placed at risk.

5. Maintain at all times impartiality in litigation between two or more parties.

6. Hold in confidence any information obtained through professional work. Information obtained during the execution of his duties shall not be divulged to third parties unless:

   - Legitimately authorised by superior officers of the Department of Health.

   - If specifically requested by a Court of Law.

(C) With Reference to Relationships with Colleagues

1. Ensure that no unqualified person exercises the profession of Environmental Health Officer, or act as if he/she is duly qualified or registered. Nothing in this paragraph is to be regarded as affecting the proper training of bona fide students, provided that adequate and effective supervision is exercised over them.

2. Accept a responsibility relevant to his/her professional experience for assisting peers and subordinates to develop their professional competence.

3. Take appropriate action if the workload and pressures on professional colleagues and subordinates are such as may endanger safe standards of practice.

4. Inform the authorities immediately if safe standards of practice are in any way endangered due to inadequate physical working conditions or resources.

5. Work in a collaborative and co-operative manner with colleagues and other health professionals.

6. Ensure that unethical conduct and illegal professional activities are reported to The Council for the Professions Complementary to Medicine.

(D) Unprofessional Conduct

Saving for other provisions of law no registered Environmental Health Officer shall:

1. By any act or omission do anything or cause anything to be done which he or she has reasonable grounds for believing is likely to effect adversely in a substantial way the health or safety of:
   - Colleagues.
   - Subordinates other staff and the general public.

2. Carry out investigations that according to established procedures are not necessary or properly authorised by a superior officer.

3. Knowingly disclose to any person, or to any other unauthorised person, the result of investigations or any other information of a personal or confidential nature obtained in the course of practice of his/her profession. Exception to this rule is made only by the requirements of the local laws. Environmental Health Officers are reminded of section 257 of the Criminal Code of Malta Cap. 9 which reads as follows:

   " If any person or who, by reason of his calling or profession or office, becomes the depository of any secret confided to him, shall except when compelled by law to give information to the public authority, disclose such secret, he shall, on conviction be liable to a fine (multa) not exceeding Lm 20,000, or to imprisonment for a term not exceeding two years, or to both such fine and imprisonment".

(E) Advertising and canvassing[iv]

1. **Provision of service:** Advertising by Environmental Health Officers in respect of professional activities shall be accurate and professionally restrained.

2. It is unethical to solicit to potential patients, whether such solicitations are made physically or through any form of communication.

3. Advertisement whether written, or audio-visual, should reflect the truth and should not be, fraudulent, misleading, deceptive, self-laudatory, unfair or sensational.

4. Claims should not be made extolling superiority of personal skills, equipment or facilities.

[iv] As amended by CPCM decision on 7th September 2006

5. While it is correct for Environmental Health Officers to publicise their profession and practice, they should act in a restrained manner with regards their personal professional practice.

6. Signs and professional plates should be dignified and professionally restrained, and shall indicate the Environmental Health Officer's name, qualifications, any other diplomas or degrees registrable by The Council for the Professions Complementary to Medicine, the title of state registered Environmental Health Officer and the hours of attendance.

(F) Communicable Diseases

The Environmental Health Officer shall as far as reasonably practicable protect himself, his relatives, colleagues, superior officers, subordinates and the general public from contacting an infectious/communicable disease.

Should he/she become aware that he/she is a carrier of an infectious or communicable disease he is to immediately notify his superiors and to refrain from instances that may lead him into close contact with unsuspecting persons.

If the Environmental Health Officer knowingly acts or operates so as to expose himself, his colleagues, superiors, personnel under his charge or third persons to a communicable or infectious disease, he shall be guilty of an offence.

Additional Notes to be read in conjunction with the Code of Conduct

If at any time, guidelines, codes or policies are considered to impede the effective performance of an Environmental Health Officer's duties, proposals for change should be initiated through the Council for the Professions Complementary to Medicine.

This code should be read in conjunction with Part V, Articles 25 to 28 of the Health Care Professions Act, 2003 (Cap. 464).

MEDICAL LABORATORY SCIENCE

Occupational Description

Medical Laboratory Scientists perform tests and carry out analytical procedures in medical laboratories using a variety of precision instruments. The results of these tests and procedures plays an important role in the prevention, detection, diagnosis and treatment of many diseases.

Scope of Practice

The Medical Laboratory Scientist:

- Performs medical laboratory tests by following standardised operating procedures correctly and efficiently.
- Is responsible for and is held accountable for the quality and the validity of the analysis results.
- Understands the principles of, and competently performs a variety of laboratory techniques.
- Is capable of operating laboratory instruments and laboratory computer systems.
- Performs quality control on all tests and procedures in order to ensure the highest quality of analysis results.
- Is capable of determining the validity or otherwise of analysis results, and takes appropriate action.
- Performs preventive maintenance on laboratory instruments.
- Is aware of and observes laboratory safety rules and policies at all times.
- May develop, evaluate and implement new analytical methods or equipment.
- Supervises laboratory assistants and other laboratory support staff.
- Documents and stores analysis results and other data resulting from laboratory activities.

A CODE OF PROFESSIONAL AND ETHICAL CONDUCT FOR MEDICAL LABORATORY SCIENTISTS

Produced by the Council for the Professions Complementary to Medicine
5 February 2002

1. **Statutory jurisdiction of the Council.** The Council for the Professions Complementary to Medicine is bound by Part V, Articles 27, 28 and Third Schedule of the Health Care Professions Act, 2003 (Cap. 464) to keep registers in respect of Medical Laboratory Scientists and to prescribe and maintain professional and ethical standards for them

2. Part V, Article 25 (1) of the Health Care Professions Act, 2003 (Cap. 464) lays down that no person shall practice the profession of Medical Laboratory Science unless he/she is registered with The Council for the Professions Complementary to Medicine, with a recognised qualification in Medical Laboratory Science.

3. The Council for the Professions Complementary to Medicine is empowered to issue notices, containing ethical standards for Medical Laboratory Scientist as laid down in Part V, Article 27 (1) (b) of the Health Care Professions Act, 2003 (Cap. 464).

4. As a professional group, MLS (Medical Laboratory Scientists) are committed provide of the best possible service to patients having due regard to an established and accepted code of practice, and to Section 257 of the Criminal Code of Malta Cap. 9 and Section D, paragraph (4) of the Code of Professional and Ethical Conduct regarding confidentiality on personal health information laid down by The Council for the Professions Complementary to Medicine.

5. **Convictions.** Disciplinary proceedings will be taken against any MLS if convicted of criminal offences by any Court in Malta and Gozo regarding crime punishable by imprisonment for any term exceeding one year or for any of the crimes referred to in Sections 198 to 209, both sections included of the Criminal Code, and for:

   - Acts of immorality, indecency or dishonesty or any other act involving the abuse of professional relationship.

   - Carrying out medical laboratory work while the MLS is under the influence of drink or drugs.

   - Forgery, fraud, embezzlement, money laundering and cognate offences.

   - Gross or prolonged neglect of duties and disregard of personal responsibilities towards the patients.

6. MLSs should at all times act in such a manner as to justify public trust and confidence, to uphold and enhance the good standing and reputation of the profession, and to serve the public interest and interests of patients.

7. With the view to the fulfilment of their professional responsibility and in the exercise of their professional accountability, MLSs shall:

(A) With Reference to his/her Profession

1. Comply with the provisions of Part I of the Health Care Professions Act, 2003 (Cap. 464) and with any other laws affecting the profession.

2. Be accountable for his/her work.

3. Only accept requests for laboratory analysis, which are properly authorised in accordance with established or recognised criteria.

4. Take every reasonable opportunity to sustain and improve his/her knowledge and professional competence.

5. Request additional training/support when he/she perceives the need.

6. Inform the Council for the Professions Complementary to Medicine about any conscientious objection to the exercise of his/her professional practice.

7. Ensure his/her professional responsibilities and standards of practice are not influenced by considerations of age, sexual preference, religion, sex, race, nationality, party politics, social or economic status or nature of a patient's health problems.

8. Refuse to accept any gift, favour or hospitality that might be interpreted as seeking to exact undue influence to obtain preferential treatment.

9. Avoid advertising or signing an advertisement using his/her professional qualification(s) to encourage the sale of commercial products.

(B) With Reference to Relationships with Patients

1. Have regard to the customs, values, spiritual beliefs and human dignity of patients.

2. Have regard to the physical and physiological needs of patients and the effects on them of the hospital/clinic environment.

3. Avoid any abuse of the privileged relationship with patients.

4. At all times act in such a way as to promote and safeguard the well being and interests of patients for whose care he/she is professionally accountable and ensure that by no action or omission on his/her part their condition or safety is placed at risk.

5. Hold in confidence any information obtained through his/her professional work on a patient's samples except to the clinician or other authorised health care professional, ordering the laboratory investigation on the patient. Normally information obtained as a result of a diagnostic or therapeutic procedures on a patient cannot be divulged to the patient by the MLS unless as part of an agreed scheme of work described in section (D) paragraph 3.

(C) With Reference to Relationships with Colleagues

1. Ensure that no unqualified person exercises the profession of Medical Laboratory Science, or act as if he/she is duly qualified or registered. Nothing in this paragraph is to be regarded as affecting the proper training of bona fide students, provided that adequate and effective supervision is exercised over them.

2. Accept a responsibility relevant to his/her professional experience for assisting peers and subordinates to develop their professional competence.

3. Take appropriate action if the workload and pressures on professional colleagues and subordinates are such as may endanger safe standards of practice.

4. Inform the authorities immediately if safe standards of practice are in any way endangered due to inadequate physical working conditions or resources.

5. Work in a collaborative and co-operative manner with other health care professionals.

6. Ensure that unethical conduct and illegal professional activities are reported to The Council for the Professions Complementary to Medicine.

(D) Unprofessional Conduct

Saving for other provisions of law no registered MLS shall:

1. By any act or omission do anything or cause anything to be done which he or she has reasonable grounds to believe is likely either to endanger or adversely affect in a substantial way the health and/or safety of a patient or patients.

2. Accept patient(s) or sample(s) for any laboratory tests unless the patient(s) has been referred through a procedure that is in accordance with accepted rules.

3. Hold himself/herself out as a person who by training and experience is professionally qualified to diagnose or treat injury or disease, but the Council would not regard it as a breach of this requirement if a MLS:

a) at the request of the medical practitioner in charge of a case, were to describe verbally to such a medical practitioner the normal parameters pertaining to a laboratory investigation as might be necessary to assist him/her in making a diagnosis;

b) Provides a written comment to the medical practitioner enlarging on those made verbally, provided such comments form part of a scheme of work agreed by pathologists, MLSs, and the employing authority.

4. Voluntarily disclose to any patient, or to any other unauthorised person, the result of investigations or any other information of personal or confidential nature gained in the course of practice of his/her profession, other than under the circumstances described in paragraph (3).

6. Neglect the contents of Paragraph (F) of this chapter relating to cross infection.

(E) Advertising and canvassing[v]

1. **Provision of service:** Advertising by Medical Laboratory Scientists in respect of professional activities shall be accurate and professionally restrained.

2. It is unethical to solicit to potential patients, whether such solicitations are made physically or through any form of communication.

3. Advertisement whether written, or audio-visual, should reflect the truth and should not be, fraudulent, misleading, deceptive, self-laudatory, unfair or sensational.

[v] As amended by CPCM decision on 7th September 2006

4. Claims should not be made extolling superiority of personal skills, equipment or facilities.

5. While it is correct for Medical Laboratory Scientists to publicise their profession and practice, they should act in a restrained manner with regards their personal professional practice.

6. Signs and professional plates should be dignified and professionally restrained, and shall indicate the Medical Laboratory Scientist's name, qualifications, any other diplomas or degrees registrable by The Council for the Professions Complementary to Medicine, the title of state registered Medical Laboratory Scientist and the hours of attendance.

(F) Cross Infection

In drawing up a statement of principles for commendation to its registrants, the Council is bound to take note of recommendations from other European countries with particular attention to the UK Health Departments' expert advisory group on AIDS. In particular, on the risk to patients from HIV infected health-care workers, routine infection control measures, need for screening of health-care workers, close continued supervision of infected health-care workers and the responsibilities of employer and rights of health-care workers, together with the sources of specialist advise and counselling.

In drawing up the statement, the Council requires state-registered practitioners to maintain the strict confidentiality in all dealings with their patients.

The statement of principles is as follows:

1. Members of the profession have a duty to take appropriate precautions to protect their patients and staff from cross-infection.

2. The concern surrounding the spread of HIV infection has served to highlight the precautions that should be taken by members of the profession. By following appropriate precautions to avoid cross-infection, members of the profession may continue to treat all members of the public with total safeguards for all concerned. Failure to provide and use the appropriate facilities and methods may be considered to be unprofessional conduct.

3. It is the ethical responsibility of members of the profession who believe that they may have been infected with HIV or any other transmissible disease to obtain medical advice and, if found to be infected, to submit to regular medical supervision including counselling. It is the duty of such members of the

profession to act upon the medical advice they have been given, which may include the necessity of ceasing practice altogether, or to modify their practice in some way in the best interest of protecting their patients. By failing to obtain appropriate medical advice, or to act upon the advice which has been given to them, members of the profession who know or believe that they may have a transmissible disease may jeopardise the well-being of their patients. Behaviour of this kind may, again, raise a question of unprofessional conduct.

Additional Notes to be read in conjunction with the Code of Conduct

1. If at any time, guidelines, codes or policies are considered to impede the safe and effective performance of MLS's duties, proposals for change are to be initiated through The Council for the Professions Complementary to Medicine.

2. Since Medical Laboratory Science is a constantly developing profession it follows that many practices which were not permissible in the past may now, under certain circumstances, be permissible.

This code should be read in conjunction with Part V, Articles 25 to 28 of the Health Care Professions Act, 2003 (Cap. 464).

OCCUPATIONAL THERAPY

Occupational Description

Occupational therapy is the use of purposeful activity and intervention to achieve functional outcomes. “Achieving functional outcomes” means to maximise the independence and the maintenance of health of any individual whose functions are limited by physical injury or illness, a cognitive impairment, a psychological dysfunction, a mental illness, a developmental or learning disability, or an adverse environmental condition.

Scope of Practice

Occupational therapy services are based on assessment methods, including the use of skilled observation or the administration and interpretation of standardised or non-standardised tests and measurements to identify areas for occupational therapy services.

Occupational therapy services include, but are not limited to, the assessment, treatment and education of, or consultation with, the individual, family or other persons; interventions directed towards developing daily living skills, work readiness or work performance, plays skills or leisure capacities, or enhancing educational performance skills; or providing for the development of sensory-motor, perceptual or neuromuscular functioning, or range of motion, or emotional, motivational, cognitive, or psychosocial components of performance.

Occupational therapy services may require assessment of the need for and use of interventions such as the design, development, adaptation, application or training in the use of assistive technology devices; the design, fabrication, or rehabilitative technology such as selected orthotic, or prosthetic devices; the application of physical agent modalities as an adjunct to or in preparation for purposeful activity; the use of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellbeing.

A CODE OF PROFESSIONAL AND ETHICAL CONDUCT FOR OCCUPATIONAL THERAPISTS

Produced by the Council for the Professions Complementary to Medicine
5 February 2002

1. **Statutory jurisdiction of the Council.** The Council for the Professions Complementary to Medicine is bound by Part V, Articles 27, 28 and Third Schedule of the Health Care Professions Act, 2003 (Cap. 464) to keep registers in respect of occupational therapists and to prescribe and maintain professional and ethical standards for them.

2. Part V, Article 25 (1) of the Health Care Professions Act, 2003 (Cap. 464) lays down that no person shall practice the profession of occupational therapy unless he/she is registered with The Council for the Professions Complementary to Medicine, with a recognised qualification in Occupational Therapy.

3. The Council for the Professions Complementary to Medicine is empowered to issue notices, containing ethical standards for occupational therapists as laid down in Part V, Section 27 (1) (b) of the Health Care Professions Act, 2003 (Cap. 464).

4. As a professional group, occupational therapists are committed provide of the best possible service to patients, having due regard to an established and accepted code of practice, and to section 257 of the Criminal Code of Malta Cap. 9 and Section D, paragraph (4) of the Code of Professional and Ethical Conduct regarding confidentiality on personal health information laid down by The Council for the Professions Complementary to Medicine.

5. **Convictions.** Disciplinary proceedings will be taken against any occupational therapist if convicted for criminal offences by any Court in Malta and Gozo regarding crimes punishable by imprisonment for any term exceeding one year or for any of the crimes referred to in Sections 198 to 209, both sections included of the Criminal Code, and for:

   - Acts of immorality, indecency or dishonesty or any other act involving the abuse of professional relationship.

   - Treating or examining patients while the occupational therapist is under the influence of drink or drugs.

   - Forgery, fraud, embezzlement, money laundering and cognate offences.

   - Gross or prolonged neglect of duties and disregard of personal responsibilities towards the patients.

6. Occupational therapists should at all times act in such a manner as to justify public trust and confidence, to uphold and enhance the good standing and reputation of the profession, and to serve the public interest and the interests of patients.

7. With the view to the fulfilment of their professional responsibility and in the exercise of their professional accountability, occupational therapists shall:

(A) With Reference to his/her Profession

1. Comply with the provisions of Part I of the Health Care Professions Act, 2003 (Cap. 464) and with any other laws affecting the profession.

2. Be accountable for his/her work.

3. Only accept requests for examination or treatment that are properly authorised in accordance with established or recognised criteria.

4. Recognise the limits of their professional competence and in the interests of their patients, should only provide services and use techniques for which they are qualified by training and experience.

5. Take every reasonable opportunity to sustain and improve his/her knowledge and professional competence.

6. Request additional training/support when he/she perceives the need.

7. Inform the Council for the Professions Complementary to Medicine about any conscientious objection to the exercise of his/her professional practice.

8. Ensure his/her professional responsibilities and standards of practice are not influenced by considerations of age, sexual preference, religion, sex, race, nationality, party politics, social or economic status or nature of a patient's health problems.

9. Refuse to accept any gift, favour or hospitality that may be interpreted as seeking to exact undue influence to obtain preferential treatment.

10. Avoid advertising or signing an advertisement by making use of his/her professional qualification(s) to encourage the sale of commercial products.

(B) With Reference to Relationships with Patients

1. Take cognisance of and respect the customs, values, spiritual beliefs and human dignity of patients.

2. Be considerate to the physical and physiological needs of patients and the effects on them of the hospital/clinic environment.

3. Must not, verbally or in writing, expressed or implied, guarantee results of any treatment. A reasonable statement of prognosis may be made, but successful results are dependent on many uncontrollable factors, hence, any warranty is deceptive and unethical.

4. Refrain from making use of the privileged relationship with patients or the privileged access to their property.

5. At all times act in such a way as to promote and safeguard the well being and interests of patients for whose care he/she is professionally accountable and ensure that by no action or omission on his/her part their condition or safety is placed at risk.

6. Treat any information obtained from patients or their records with confidentiality.

7. Information obtained as a result of therapeutic procedures carried out on a patient is not to be divulged to the patient by the occupational therapist unless as part of an agreed scheme of work.

(C) With Reference to Relationships with Colleagues

1. Ensure that no unqualified person exercises the profession of Occupational Therapy, or act as if he/she is duly qualified or registered. Nothing in this paragraph is to be regarded as affecting the proper training of bona fide students, provided that adequate and effective supervision is exercised over them.

2. Accept a responsibility relevant to his/her professional experience for assisting peers and subordinates to develop their professional competence.

3. Take appropriate action if the workload and pressures on professional colleagues and subordinates are such as may endanger safe standards of practice.

4. Inform the authorities immediately if safe standards of practice are in any way endangered due to inadequate physical working conditions or resources.

5. Work in a collaborative and co-operative manner with other health care professionals.

6. Ensure that unethical conduct and illegal professional activities are reported to The Council for the Professions Complementary to Medicine.

(D) Unprofessional Conduct

Saving for other provisions of law no registered occupational therapists shall:

1. By any act or omission do anything or cause anything to be done which he or she has reasonable grounds to believe is likely either to endanger or adversely affect in a substantial way the health and/or safety of a patient or patients.

2. Accept patients for any examination or treatment unless same have been referred through a procedure that is in accordance with a occupational therapist's professional duty and can be identified as being authoritatively formulated and agreed upon by occupational therapists, medical staff and responsible authorities.

3. Hold himself/herself out as a person who by training and experience is professionally qualified to treat any condition outside the competence of the occupational therapist.

4. Disclose voluntarily without the consent of the patient, preferably written, information, or certification that he/she has obtained in the course of his/her relationship with the patient, save for any exception prescribed by the requirements of the local laws. Occupational therapists are referred to the contents of Section 257 of the Criminal Code of Malta Cap. 9 which reads as follows:
   " If any person or who, by reason of his calling or profession or office, becomes the depository of any secret confided to him, shall except when compelled by law to give information to the public authority, disclose such secret, he shall, on conviction be liable to a fine (multa) not exceeding Lm 20,000, or to imprisonment for a term not exceeding two years, or to both such fine and imprisonment".

5. Neglect the contents of Paragraph (F) of this chapter relating to cross infection.

(E) Advertising and canvassing[vi]

1. **Provision of service:** Advertising by Occupational Therapists in respect of professional activities shall be accurate and professionally restrained.

2. It is unethical to solicit to potential patients, whether such solicitations are made physically or through any form of communication.

[vi] As amended by CPCM decision on 7th September 2006

3. Advertisement whether written, or audio-visual, should reflect the truth and should not be, fraudulent, misleading, deceptive, self-laudatory, unfair or sensational.

4. Claims should not be made extolling superiority of personal skills, equipment or facilities.

5. While it is correct for Occupational Therapists to publicise their profession and practice, they should act in a restrained manner with regards their personal professional practice.

6. Signs and professional plates should be dignified and professionally restrained, and shall indicate the Occupational Therapist's name, qualifications, any other diplomas or degrees registrable by The Council for the Professions Complementary to Medicine, the title of state registered Occupational Therapist and the hours of attendance.

(F) Cross Infection

In drawing up a statement of principles for commendation to its registrants, the Council is bound to take note of recommendations from other European countries with particular attention to the UK Health Departments' expert advisory group on AIDS. In particular, on the risk to patients from HIV infected health-care workers, routine infection control measures, need for screening of health-care workers, close continued supervision of infected health-care workers and the responsibilities of employer and rights of health-care workers, together with the sources of specialist advise and counselling.

In drawing up the statement, the Council requires state-registered practitioners to maintain the strict confidentiality in all dealings with their patients.

The statement of principles is as follows:

1. Members of the profession have a duty to take appropriate precautions to protect their patients and staff from cross-infection.

2. The concern surrounding the spread of HIV infection has served to highlight the precautions that should be taken by members of the profession. By following appropriate precautions to avoid cross-infection, members of the profession may continue to treat all members of the public with total safeguards for all concerned. Failure to provide and use the appropriate facilities and methods may be considered to be unprofessional conduct.

3. It is the ethical responsibility of members of the profession who believe that they may have been infected with HIV or any other transmissible disease to obtain

medical advice and, if found to be infected, to submit to regular medical supervision including counselling. It is the duty of such members of the profession to act upon the medical advice they have been given, which may include the necessity of ceasing practice altogether, or to modify their practice in some way in the best interest of protecting their patients. By failing to obtain appropriate medical advice, or to act upon the advice which has been given to them, members of the profession who know or believe that they may have a transmissible disease may jeopardise the well-being of their patients. Behaviour of this kind may, again, raise a question of unprofessional conduct.

Additional Notes to be read in conjunction with the Code of Conduct

1. Since occupational therapy is a constantly developing profession it follows that many practices which would not have been permissible in the past may in the future under certain circumstances, be permissible.

2. If at any time, guidelines, codes or policies are considered to impede the safe and effective performance of occupational therapist's duties, proposals for change are to be initiated through The Council for the Professions Complementary to Medicine.

This code should be read in conjunction with Part V, Articles 25 to 28 of the Health Care Professions Act, 2003 (Cap. 464).

OPTOMETRY

Occupational Description

Optometry is a profession within the field of health, which concentrates on the examination, diagnosis and treatment of the human vision system.
Optometrists examine the eyes and the associated visual system to detect the presence of any abnormality or disease which may require referral to a medical practitioner, and provide visual aids (such as spectacles and contact lenses) and therapy to maintain or restore maximum visual efficiency.

Scope of Practice

The profession of Optometry includes services and care involved in:

1. The determination and evaluation of the refractive status of the eye and other physiological attributes and functions sub serving vision.
2. The recognition of ocular abnormalities.
3. The determination of optically related corrective measures.
4. The selection, design, provision and adaptation of optical aids.
5. The preservation, maintenance, protection, improvement and enhancement of visual performance.

(Definition of the international optometric and optical league)

A CODE OF PROFESSIONAL AND ETHICAL CONDUCT FOR OPTOMETRISTS

Produced by the Council for the Professions Complementary to Medicine
5 February 2002

1. **Statutory jurisdiction of the Council**. The Council for the Profession Complementary to Medicine is bound by Part V, Articles 27, 28 and Third Schedule of the Health Care Professions Act, 2003 (Cap. 464) to keep registers in respect of optometrists and to prescribe and maintain professional and ethical standards for them.

2. Part V, Article 25 (1) of the Health Care Professions Act, 2003 (Cap. 464) lays down that no person shall practise the profession of optometry unless he/she is registered with the Council for the Profession Complementary to Medicine with a recognised qualification in optometry.

3. The Council for the Professions Complementary to Medicine is empowered to issue notices, containing ethical standards for optometrist as laid down in Part V, Article 27 (1) (b) of the Health Care Professions Act, 2003 (Cap. 464).

4. As a professional group, optometrists are committed to provide the best possible service to patients, having due regard to established and accepted Code of Practice of the Laws of Malta, in particular section 257 of the Criminal Code of Malta Cap.9 and Section (E) paragraph (3) of the Code of Professional and Ethical Conduct regarding confidentiality on personal health information laid down by the Council for the Professions Complementary to Medicine; being mindful of their State Registered status.

5. **Convictions**. Disciplinary proceedings will be taken against the optometrist if convicted for criminal offences by any Court in Malta and Gozo of a crime punishable by imprisonment for any term exceeding one year or for any of the crimes mentioned in Sections 198 to 209, both sections included of the Criminal Code, and for:

   - Acts of immorality, indecency or dishonesty or any other act involving the abuse of professional relationship.

   - Treating or examining patients while the optometrist is under the influence of drink or drugs.

   - Forgery, fraud, embezzlement, money laundering and cognate offences.

- Gross or prolonged neglect of duties and disregard of personal responsibilities to the patients.

6. The optometrist should at all times act in such a manner as to justify public trust and confidence, to uphold and enhance the good standing and reputation of the profession and to serve the public interest and the interests of patients.

7. With the view to the fulfilment of their professional responsibility and in the exercise of their professional accountability, the optometrist shall:

(A) With Reference to his/her Profession

1. Comply with the provisions of Part I of the Health Care Professions Act, 2003 (Cap. 464) and with any other laws affecting the profession.

2. Be accountable for his/her work. Practitioners should recall that it is only from continuing education and training that the improvement and expansion of the scope of optometric services can result: this is particularly the case in relation to ensuring that referrals made by optometrists operate in the best possible interests of patients.

3. Recognise the limits of his/her professional competence and in the interests of their patients should only provide services and use techniques for which he/she are qualified by training and experience.

4. Take every reasonable opportunity to sustain and improve his/her knowledge and professional competence.

5. Be prepared to request additional training/support when he/she perceives the need.

6. Inform the Council for the Profession Complementary to Medicine about any conscientious objection to the exercise of his/her professional practice.

7. Ensure his/her professional responsibilities and standards of practice are not influenced by considerations of age, sexual preference, religion, sex, race, nationality, party politics, social or economic status or nature of a patient's health problems.

8. Refuse to accept any gift, favour or hospitality that might be interpreted as seeking to exact undue influence to obtain preferential treatment.

9. Avoid advertising or signing an advertisement using his/her professional qualification(s) to encourage the sale of commercial products.

10. Apply the greatest care to the use of all drugs in the practice.

(B) With Reference to Relationships with Patients

1. Have regard to the customs, values, spiritual beliefs and human dignity of patients.

2. Have regard to the physical and physiological needs of patients and the effects on them of the hospital/clinic environment.

3. At all times act in such a way as to promote and safeguard the well being and interests of patients for whose care he/she is professionally accountable and ensure that by no action or omission on his/her part their condition or safety is placed at risk.

4. Hold in confidence any information obtained through professional attendance on a patient.

5. Comply with all applicable obligations as described in the data protection legislation.

(C) With Reference to Relationships with Colleagues

1. Ensure that no unqualified person exercises the profession of Optometry, or acts as if he/she is duly qualified or registered. Nothing in this paragraph is to be regarded as affecting the proper training of bona fide students, provided that adequate and effective supervision is exercised over them.

2. Accept a responsibility relevant to his/her professional experience for assisting peers and subordinates to develop their professional competence.

3. Take appropriate action if the workload and pressures on professional colleagues and subordinates are such as may endanger safe standards of practice.

4. Inform the authorities immediately if safe standards of practice are in any way endangered due to inadequate physical working conditions or resources.

5. Work in a collaborative and co-operative manner with other health care professionals.

6. Ensure that unethical conduct and illegal professional activities are reported to the Council for the Profession Complementary to Medicine.

(D) Referrals and Notifications

1. In practice, when optometrists observe a sign of injury, disease or abnormality, they must exercise their professional judgement as to how best the patient's needs can be met, for example:

- In urgent cases, the patient must be sent to an ophthalmologist with a letter of referral.
- In all other cases, except those covered below, the patient and a letter of referral must be sent to a registered medical practitioner.
- Exception to 1 b is made where the patient is already under medical care in respect of the observed sign of disease, or where, in the clinical opinion of the practitioner, the condition observed is such that it does not yet merit medical investigation but requires further monitoring. Such reasons must be stated clearly in the patient's record.

2. Letters of Referral: The purpose of referral is to ensure that the patient's needs can be met as well and as quickly as possible. It is the duty of all optometrists to apply the full extent of their knowledge and skill to this end. Letters of referral by optometrists, must give as much factual information derived from the eye examination as possible, relevant to the particular patient and justifying the reason why a referral has been made, and may, where appropriate, and if in the patient's interest, include a possible diagnosis.

3. Where a patient, in whose eyes signs of injury, disease or abnormality are observed, refuses to accept a letter of referral, the optometrists must ensure that the patient fully understands why referral is necessary, and that a full account of the matter is included in the patient's records.

(E) Unprofessional Conduct

Saving for other provisions of law no registered optometrist must:

1. By any act or omission do anything or cause anything to be done which he or she has reasonable grounds for believing is likely either to endanger or affect adversely in a substantial way the health or safety to a patient or patients.

2. Hold himself/herself out as a person who by training and experience is professionally qualified to diagnose or treat any condition outside the competence of the optometrist.

3. Not disclose voluntarily without preferably the written consent of the patient, information, including certification that he/she has obtained in the course of his/her relationship with the patient. Exception to this rule is made only by the

requirements of the local laws. Optometrists are reminded of section 257 of the Criminal Code of Malta Cap.9 which reads as follows:

"If any person who, by reason of his calling or profession or office, becomes the depository of any secret confided to him, shall accept when compelled by law to give information to the public authority, disclose such secret, he shall, on conviction be liable to a fine (multa) not exceeding Lm20,000 or to imprisonment for a term not exceeding two years, or to both such fine and imprisonment".

4. Neglect or be unaware of paragraph (G) of this chapter relating to cross infection.

(F) Advertising and canvassing[vii]

1. **Provision of service:** Advertising by Optometrists in respect of professional activities shall be accurate and professionally restrained.

2. It is unethical to solicit to potential patients, whether such solicitations are made physically or through any form of communication.

3. Advertisement whether written, or audio-visual, should reflect the truth and should not be, fraudulent, misleading, deceptive, self-laudatory, unfair or sensational.

4. Claims should not be made extolling superiority of personal skills, equipment or facilities.

5. While it is correct for Optometrists to publicise their profession and practice, they should act in a restrained manner with regards their personal professional practice.

6. Signs and professional plates should be dignified and professionally restrained, and shall indicate the Optometrist's name, qualifications, any other diplomas or degrees registrable by The Council for the Professions Complementary to Medicine, the title of state registered Optometrist and the hours of attendance.

(G) Cross Infection

In drawing up a statement of principles for commendation to its registrants, the Council is bound to take note of recommendations of advisory groups on contagious diseases from other countries. In particular, on the risk to patients from infected health-care workers, routine infection control measures, need for screening of health-care workers, close continued supervision of infected health-care workers and the responsibilities of employer and rights of health-care workers, together with the sources of specialist advise and counselling.

[vii] As amended by CPCM decision on 7th September 2006

In drawing up the statement, the Council requires state registered practitioners to maintain the strict confidentiality in all dealings with their patients.

The statement of principles is as follows:

1. Members of the profession have a duty to take appropriate precautions to protect their patients and staff from cross-infection. Failure to provide and use the appropriate facilities and methods may be considered to be unprofessional conduct.

2. It is the ethical responsibility of Members of the profession who believe that they may have been infected with transmissible disease to obtain medical advice and if found to be infected, to submit to regular medical supervision including counselling. It is the duty of such Members of the profession to act upon the medical advice they have been given, which may include the necessity of ceasing practice altogether, temporarily or permanently or to modify their practice in some way in the best interest of protecting their patients. By failing to obtain appropriate medical advice, or to act upon the advice which has been given to them, Members of the profession who know or believe that they may have a transmissible disease may jeopardise the well-being of their patients. Behaviour of this kind may again raise a question of unprofessional conduct.

Additional Notes to be read in conjunction with the Code of Conduct

If at any time, guidelines, codes or policies are considered to impede the safe and effective performance of optometrist's duties, proposals for change should be initiated through the Council for the Professions Complementary to Medicine.

This code should be read in conjunction with Part V, Articles 25 to 28 of the Health Care Professions Act, 2003 (Cap. 464).

ORTHOPTICS

Occupational Description

Orthoptists are health care professionals working in Ophthalmology and who are specialised in the diagnostic evaluation and treatment of reduced acuity or other visual disturbances, misalignment of the eyes, double vision and/or visual discomfort from reading.

Scope of Practice

Orthoptists assist ophthalmologists by performing tasks delegated to them, such as collecting data and administering treatment ordered by ophthalmologists.
They are qualified to take a medical history, administer diagnostic tests, take anatomical and functional ocular measurements, such as biometry studies, test ocular functions (including visual acuity, visual fields and sensory-motor functions), administer topical ophthalmic medication and instruct the patient (as in home care and in use of contact lenses). Duties include caring for and maintaining ophthalmic instruments, assisting in ophthalmic surgery in the clinic or hospital, taking optical measurements, assisting in the fitting of contact lenses and adjusting and making minor repairs on spectacles. Orthoptists may be expected to perform ophthalmic clinical photography and fluorescence angiography, ocular motility and binocular function tests, and electrophysiological procedures, as well as to provide instruction and supervision of other ophthalmic personnel and patients.

A CODE OF PROFESSIONAL AND ETHICAL CONDUCT FOR ORTHOPTISTS

Produced by the Council for the Professions Complementary to Medicine
5 February 2002

1. **Statutory jurisdiction of the Council.** The Council for the Professions Complementary to Medicine is bound by Part V, Articles 27, 28 and Third Schedule of the Health Care Professions Act, 2003 (Cap. 464) to keep registers in respect of orthoptists and to prescribe and maintain professional and ethical standards for them

2. Part V, Article 25 (1) of the Health Care Professions Act, 2003 (Cap. 464) lays down that no person shall practice the profession of orthoptics unless he/she is registered with The Council for the Professions Complementary to Medicine.

3. The Council for the Professions Complementary to Medicine is empowered to issue notices, containing ethical standards for orthoptists as laid down in Part V, Article 27 (1) (b) of the Health Care Professions Act, 2003 (Cap. 464).

4. As a professional group, orthoptists are committed to provide the best possible service to patients, having due regard to established and accepted code of practice, and to section 257 of the Criminal Code of Malta Cap. 9 and Section D, paragraph (4) of the Code of Professional and Ethical Conduct regarding confidentiality on personal health information laid down by The Council for the Professions Complementary to Medicine.

5. **Convictions.** Disciplinary proceedings will be taken against any orthoptist if convicted for criminal offences by any Court in Malta and Gozo regarding crimes punishable by imprisonment for any term exceeding one year or for any of the crimes referred to in Sections 198 to 209, both sections included of the Criminal Code, or for:

   - Acts of immorality, indecency or dishonesty or any other act involving the abuse of professional relationship.

   - Treating or examining patients while the orthoptist is under the influence of drink or drugs.

   - Forgery, fraud, embezzlement, money laundering and cognate offences.

   - Gross or prolonged neglect of duties and disregard of personal responsibilities towards the patients.

6. Orthoptists should at all times act in such a manner as to justify public trust and confidence, to uphold and enhance the good standing and reputation of the profession, and to serve the public interest and the interests of patients.

7. With the view to the fulfilment of their professional responsibility and in the exercise of their professional accountability, orthoptists shall:

(A) With Reference to his/her Profession

1. Comply with the provisions of Part I of the Health Care Professions Act, 2003 (Cap. 464) and with any other laws affecting the profession.

2. Be accountable for his/her work.

3. Only accept requests for treatment, which are properly authorised in accordance with established or recognised criteria.

4. Take every reasonable opportunity to sustain and improve his/her knowledge and professional competence.

5. Request additional training/support when he/she perceives the need.

6. Inform the Council for the Professions Complementary to Medicine about any conscientious objection to the exercise of his/her professional practice.

7. Ensure his/her professional responsibilities and standards of practice are not influenced by considerations of age, sexual preference, religion, sex, race, nationality, party politics, social or economic status or nature of a patient's health problems.

8. Refuse to accept any gift, favour or hospitality that may be interpreted as seeking to exact undue influence to obtain preferential treatment.

9. Avoid advertising or signing an advertisement by making use of his/her professional qualification(s) to encourage the sale of commercial products.

(B) With Reference to Relationships with Patients

1. Take cognisance of and respect to the customs, values, spiritual beliefs and human dignity of patients.

2. Be considerate to the physical and physiological needs of patients and the effects on them of the hospital/clinic environment.

3. Refrain from making use of the privileged relationship with patients or the privileged access to their property.

4. At all times act in such a way as to promote and safeguard the well being and interests of patients for whose care he/she is professionally accountable and ensure that by no action or omission on his/her part their condition or safety is placed at risk.

5. Treat any information obtained from patients or their records with confidentiality.

(C) With Reference to Relationships with Colleagues

1. Ensure that no unqualified person exercises the profession of Orthoptics, or act as if he/she is duly qualified or registered. Nothing in this paragraph is to be regarded as affecting the proper training of bona fide students, provided that adequate and effective supervision is exercised over them.

2. Accept a responsibility relevant to his/her professional experience for assisting peers and subordinates to develop their professional competence.

3. Take appropriate action if the workload and pressures on professional colleagues and subordinates are such as may endanger safe standards of practice.

4. Inform the authorities immediately if safe standards of practice are in any way endangered due to inadequate physical working conditions or resources.

5. Work in a collaborative and co-operative manner with other health care professionals.

6. Ensure that unethical conduct and illegal professional activities are reported to The Council for the Professions Complementary to Medicine.

(D) Unprofessional Conduct

Saving for other provisions of law no registered orthoptist shall:

1. By any act or omission do anything or cause anything to be done which he or she has reasonable grounds to believe is likely either to endanger or adversely affect in a substantial way the health and/or safety of a patient or patients.

2. Accept patients for treatment unless same have been referred through a procedure that is in accordance with a orthoptist's professional duty and can be identified as being authoritatively formulated and agreed upon by orthoptists, medical staff and responsible authorities.

3. Hold himself/herself out as a person who by training and experience is professionally qualified to provide a service outside the limits of the profession.

4. Without the consent of the patient, voluntarily disclose information, or certification that he/she has obtained in the course of his/her relationship with the patient, save for any exception prescribed by the requirements of the local laws. Orthoptists are referred to section 257 of the Criminal Code of Malta Cap. 9 which reads as follows:
   " If any person or who, by reason of his calling or profession or office, becomes the depository of any secret confided to him, shall except when compelled by law to give information to the public authority, disclose such secret, he shall, on conviction be liable to a fine (multa) not exceeding Lm 20,000, or to imprisonment for a term not exceeding two years, or to both such fine and imprisonment".

5. Neglect the contents of paragraph (F) of this chapter relating to cross infection.

(E) Advertising and canvassing[viii]

1. **Provision of service:** Advertising by Orthoptists in respect of professional activities shall be accurate and professionally restrained.

2. It is unethical to solicit to potential patients, whether such solicitations are made physically or through any form of communication.

3. Advertisement whether written, or audio-visual, should reflect the truth and should not be, fraudulent, misleading, deceptive, self-laudatory, unfair or sensational.

4. Claims should not be made extolling superiority of personal skills, equipment or facilities.

5. While it is correct for Orthoptists to publicise their profession and practice, they should act in a restrained manner with regards their personal professional practice.

6. Signs and professional plates should be dignified and professionally restrained, and shall indicate the Orthoptist's name, qualifications, any other diplomas or degrees registrable by The Council for the Professions Complementary to Medicine, the title of state registered Orthoptist and the hours of attendance.

(F) Cross Infection

In drawing up a statement of principles for commendation to its registrants, the Council is bound to take note of recommendations from other European countries with particular attention to the UK Health Departments' expert advisory group on AIDS. In particular, on the risk to patients from HIV infected health-care workers, routine

[viii] As amended by CPCM decision on 7th September 2006

infection control measures, need for screening of health-care workers, close continued supervision of infected health-care workers and the responsibilities of employer and rights of health-care workers, together with the sources of specialist advise and counselling.

In drawing up the statement, the Council requires state-registered practitioners to maintain the strict confidentiality in all dealings with their patients.

The statement of principles is as follows:

1. Members of the profession have a duty to take appropriate precautions to protect their patients and staff from cross-infection.

2. The concern surrounding the spread of HIV infection has served to highlight the precautions that should be taken by members of the profession. By following appropriate precautions to avoid cross-infection, members of the profession may continue to treat all members of the public with total safeguards for all concerned. Failure to provide and use the appropriate facilities and methods may be considered to be unprofessional conduct.

3. It is the ethical responsibility of members of the profession who believe that they may have been infected with HIV or any other transmissible disease to obtain medical advice and, if found to be infected, to submit to regular medical supervision including counselling. It is the duty of such members of the profession to act upon the medical advice they have been given, which may include the necessity of ceasing practice altogether, or to modify their practice in some way in the best interest of protecting their patients. By failing to obtain appropriate medical advice, or to act upon the advice which has been given to them, members of the profession who know or believe that they may have a transmissible disease may jeopardise the well-being of their patients. Behaviour of this kind may, again, raise a question of unprofessional conduct.

Additional Notes to be read in conjunction with the Code of Conduct

If at any time, guidelines, codes or policies are considered to impede the safe and effective performance of orthoptist's duties, proposals for change are to be initiated through The Council for the Professions Complementary to Medicine.

This code should be read in conjunction with Part V, Articles 25 to 28 of the Health Care Professions Act, 2003 (Cap. 464).

PHYSIOTHERAPY

Occupational Description

Physiotherapy is a health care profession dealing with on the analysis of movement based on the structure and function of the body and the use of physical approaches towards the promotion of health, and the prevention, treatment and management of disease and disability.

Scope of Practice

The physiotherapist's assessment of the client's physical problems, while based on an analysis of movement and function should also take account of the patient's culture and psychological and social status. The expertise required to make a clinical diagnosis following an examination and assessment of the patient, emerge from a body of knowledge together with skills conductive to assessment and problem solving.

The physiotherapist treats patients with physical problems caused by neuro-muscular, musculo-skeletal and cardio-vascular/respiratory conditions. The therapeutic modalities used by the physiotherapist include movement, massage, manipulative techniques and the application of electro-physical modalities. The physiotherapist needs to be skilled in the application of these modalities, and in the use of related prophylactic methods to prevent, cure or alleviate physical manifestations of somatic and psychological disease.

A CODE OF PROFESSIONAL AND ETHICAL CONDUCT FOR PHYSIOTHERAPISTS

Produced by the Council for the Professions Complementary to Medicine
5 February 2002

1. **Statutory jurisdiction of the Council.** The Council for the Professions Complementary to Medicine is bound by Part V, Articles 27, 28 and Third Schedule of the Health Care Professions Act, 2003 (Cap. 464) to keep registers in respect of physiotherapists and to prescribe and maintain professional and ethical standards for them.

2. Part V, Article 25 (1) of the Health Care Professions Act, 2003 (Cap. 464) lays down that no person shall practice the profession of physiotherapy unless he/she is registered with The Council for the Professions Complementary to Medicine.

3. The Council for the Professions Complementary to Medicine is empowered to issue notices, containing ethical standards for physiotherapist as laid down in Part V, Article 27 (1) (b) of the Health Care Professions Act, 2003 (Cap. 464).

4. As a professional group, physiotherapists are committed to provide the best possible service to patients, having due regard to established and accepted code of practice, and to section 257 of the Criminal Code of Malta Cap. 9 and Section D, paragraph (4) of the Code of Professional and Ethical Conduct regarding confidentiality on personal health information laid down by The Council for the Professions Complementary to Medicine.

5. **Convictions.** Disciplinary proceedings will be taken against any physiotherapist if convicted for criminal offences by any Court in Malta and Gozo regarding crime punishable by imprisonment for any term exceeding one year or for any of the crimes referred to in Sections 198 to 209, both sections included of the Criminal Code, or for:

   - Acts of immorality, indecency or dishonesty or any other act involving the abuse of professional relationship.

   - Treating or examining patients while the physiotherapist is under the influence of drink or drugs.

   - Forgery, fraud, embezzlement, money laundering and cognate offences.

   - Gross or prolonged neglect of duties and disregard of personal responsibilities to the patients.

6. Physiotherapist should at all times act in such a manner as to justify public trust and confidence, to uphold and enhance the good standing and reputation of the profession, and to serve the public interest and the interests of patients.

7. With the view to the fulfilment of their professional responsibility and in the exercise of their professional accountability, physiotherapists shall:

(A) With Reference to his/her Profession

1. Comply with the provisions of Part I of the Health Care Professions Act, 2003, (Cap. 464) and with any other laws affecting the profession.

2. Be accountable for his/her work.

3. Recognise not only the responsibilities but also the limitations of their professional practice.

4. Take every reasonable opportunity to sustain and improve his/her knowledge and professional competence.

5. Be prepared to request additional training/support when he/she perceives the need.

6. Inform the Council for the Professions Complementary to Medicine about any conscientious objection to the exercise of his/her professional practice.

7. Ensure his/her professional responsibilities and standards of practice are not influenced by considerations of age, sexual preference, religion, sex, race, nationality, party politics, social or economic status or nature of a patient's health problems.

8. Refuse to accept any gift, favour or hospitality that may be interpreted as seeking to exact undue influence to obtain preferential treatment.

9. Avoid selling, endorsing or promoting the sale of goods for personal profit in clinical practice or accept commission on the sale of goods either personally or as agents or employees. This rule implies that premises used by the physiotherapist for his/her practice should not be used to offer equipment and other products for sale to patients, unless related to their treatment and/or condition.

(B) With Reference to Relationships with Patients

1. Respect the rights, dignity and individual sensibilities of all their patients.

2. Treat all patients with courtesy and consideration. Inform them about, and give the opportunity to consent to or decline any treatment proposals.

3. Inform them of any options for alternative treatment including any warnings of inherent risks in a procedure. Failure to warn a patient of the said risks may constitute a failure to respect the patient's right to make his own decision.

4. Refrain from making use of the privileged relationship with patients or the privileged access to their property.

5. At all times act in such a way as to promote and safeguard the well being and interests of patients for whose care he/she is professionally accountable and ensure that by no action or omission on his/her part their condition or safety is placed at risk.

6. Hold in confidence all personal and other information entrusted to them in the course of their practice. However, the sharing of confidential information with other professionals who are responsible for the care of the patient, is not considered a breach of confidentiality.

(C) With Reference to Relationships with Colleagues

1. Ensure that no unqualified person exercises the profession of Physiotherapy, or act as if he/she is duly qualified or registered. Nothing in this paragraph is to be regarded as affecting the proper training of bona fide students, provided that adequate and effective supervision is exercised over them.

2. Accept a responsibility relevant to his/her professional experience for assisting peers and subordinates to develop their professional competence.

3. Take appropriate action if the workload and pressures on professional colleagues and subordinates are such as may endanger safe standards of practice.

4. Inform the authorities immediately if safe standards of practice are in any way endangered due to inadequate physical working conditions or resources.

5. Co-operate with other members of the profession and avoid public criticism of colleagues. This rule is intended to protect patients from becoming the objects of disagreement within the profession, which conduct may bring the good name of the profession into disrepute. It is desirable that all conflicts within or outside the profession be resolved amicably and in the shortest time possible.

6. Co-operate with registered medical practitioners in the diagnosis and management of patients. This rule is not intended to restrict physiotherapists from practising their profession independently from a referral by any medical practitioner.

7. Co-operate with other health and allied professions in the interests of the patients. Which co-operation is to extend to inter-professional referral.

8. Ensure that unethical conduct and illegal professional activities are duly reported to The Council for the Professions Complementary to Medicine.

(D) Unprofessional Conduct

Personal and professional standards: Physiotherapists shall adhere at all times to personal and professional standards that reflect credit to the profession.

No registered physiotherapist shall:

1. By any act or omission do anything or cause anything to be done which he or she has reasonable grounds for believing is likely either to endanger or effect adversely in a substantial way the health or safety of a patient or patients.

2. Hold himself/herself out as a person who by training and experience is professionally qualified to diagnose or treat any condition outside the competence of the physiotherapist.

3. Disclose voluntarily without the consent of the patient, preferably written, information, or certification that he/she has obtained in the course of his/her relationship with the patient, save for any exception prescribed by the requirements of the local laws. Physiotherapists are referred to the contents of Section 257 of the Criminal Code of Malta Cap. 9 which reads as follows:
   " If any person or who, by reason of his calling or profession or office, becomes the depository of any secret confided to him, shall except when compelled by law to give information to the public authority, disclose such secret, he shall, on conviction be liable to a fine (multa) not exceeding Lm 20,000, or to imprisonment for a term not exceeding two years, or to both such fine and imprisonment".

4. Neglect the contents of Paragraph (F) of this chapter relating to cross infection.

(E) Advertising and canvassing

1. **Provision of service:** Advertising by Physiotherapists in respect of professional activities shall be accurate and professionally restrained.

2. It is unethical to solicit to potential patients, whether such solicitations are made physically or through any form of communication.

3. Advertisement whether written, or audio-visual, should reflect the truth and should not be, fraudulent, misleading, deceptive, self-laudatory, unfair or sensational.

4. Claims should not be made extolling superiority of personal skills, equipment or facilities.

5. While it is correct for Physiotherapists to publicise their profession and practice, they should act in a restrained manner with regards their personal professional practice.

6. Signs and professional plates should be dignified and professionally restrained, and shall indicate the Physiotherapist's name, qualifications, any other diplomas or degrees registrable by The Council for the Professions Complementary to Medicine, the title of state registered Physiotherapist and the hours of attendance.

(F) Cross Infection

In drawing up a statement of principles for commendation to its registrants, the Council is bound to take note of recommendations from other European countries with particular attention to the UK Health Departments' expert advisory group on AIDS. In particular, on the risk to patients from HIV infected health-care workers, routine infection control measures, need for screening of health-care workers, close continued supervision of infected health-care workers and the responsibilities of employer and rights of health-care workers, together with the sources of specialist advise and counselling.

In drawing up the statement, the Council requires state-registered practitioners to maintain the strict confidentiality in all dealings with their patients.

The statement of principles is as follows:

1. Members of the profession have a duty to take appropriate precautions to protect their patients and staff from cross-infection.

2. The concern surrounding the spread of HIV infection has served to highlight the precautions that should be taken by members of the profession. By following appropriate precautions to avoid cross-infection, members of the profession may continue to treat all members of the public with total safeguards for all concerned. Failure to provide and use the appropriate facilities and methods may be considered to be unprofessional conduct.

3. It is the ethical responsibility of members of the profession who believe that they may have been infected with HIV or any other transmissible disease to obtain medical advice and, if found to be infected, to submit to regular medical supervision including counselling. It is the duty of such members of the profession to act upon the medical advice they have been given, which may include the necessity of ceasing practice altogether, or to modify their practice in some way in the best interest of protecting their patients. By failing to obtain appropriate medical advice, or to act upon the advice which has been given to them, members of the profession who know or believe that they may have a transmissible disease may jeopardise the well-being of their patients. Behaviour of this kind may, again, raise a question of unprofessional conduct.

Additional Notes to be read in conjunction with the Code of Conduct

1. **Scope of practice:** Physiotherapists shall confine themselves to clinical diagnosis and practice in those fields of physiotherapy in which they have been trained and which are recognised by the profession to be beneficial to patients.

2. The term "clinical diagnosis" is intended to establish that a member physiotherapist may, by taking a history, conducting a clinical examination and functional assessment come to a conclusion as to the cause of a patient's symptoms justifying the institution of appropriate physiotherapy.

3. The extension of appropriate professional practice is not restricted.

4. The code incorporates the ethical principle defining the relationship between physiotherapists and patients, i.e. physiotherapists should always aim to benefit patients by their training and experience. The term "patient" is used throughout this document to describe a person receiving the services of a physiotherapist in the context of preventive, primary or secondary health provision.

5. Physiotherapists have a threefold responsibility to ensure that intervention on the basis of their assessment is necessary and appropriate to;
   a). **The Patient:** to make sure that expectations, which cannot be fulfilled, are not raised.
   b). **Themselves:** it is morally wrong to treat when such treatment is not required or when a referral to another agency is required.
   c). **The Employer:** whether self-employed or employed by a health authority, private hospital or industrial concern, it is ethically incorrect to treat patients unnecessarily.

6. **Prescriptive Referrals:** These are not to be encouraged in view of the fact that the professions of medicine and physiotherapy differ.

7. **Actively Harmful Treatment:** The physiotherapist is bound and has the right to decline to carry out any treatment that his/her professional training and expertise suggests is actively harmful to the patient.

8. **Palliative Treatment:** Each patient needs to be assessed carefully. If it is clear that the request for treatment is not appropriate or cannot be justified in the circumstances, the referring medical practitioner is to be approached and the responsibilities of the therapist explained as set out above. Should the medical practitioner persist in making such inappropriate requests, a senior therapist is to be consulted.

9. **Treatment of Dubious Benefit:** The physiotherapist has the right to refuse to perform any treatment that is of dubious benefit to the patient. It will however be correct to recommend to the referring medical colleague any alternative methods of treatment.

10. If at any time, guidelines, codes or policies are considered to impede the safe and effective performance of physiotherapist's duties, proposals for change should be initiated through The Council for the Professions Complementary to Medicine.

This code should be read in conjunction with Part V, Articles 25 to 28 of the Health Care Professions Act, 2003 (Cap. 464).

PODIATRY

Occupational Description

Podiatry is a health care profession concerned with the diagnosis and/or medical, surgical, mechanical, physical, and adjunctive treatment of the diseases, injuries, and defects of the human foot.

Scope of Practice

Prevention of foot dysfunction and disease, and progression of existing structural defects are the prime aim of any Podiatry service. This is mostly achieved by, but not limited to, patient education through practitioner to patient contact.

Recognised assessment methods, including skilled observation, physical examination, gait analysis and various biomechanical tests, among others, are utilised by podiatrists to arrive at the most accurate diagnosis of underlying complaints. Podiatrists achieve high operating skills, the proper handling and use of surgical instruments, the manufacture of chairside and/or functional/accommodative orthotic devices, thus ensuring the best possible treatment is provided to all patients.

Podiatrists provide management and prevention of foot-threatening complaints in persons who fall under the high-risk categories, that is, those anti-coagulant treatment and those with vascular insufficiency.

A CODE OF PROFESSIONAL AND ETHICAL CONDUCT FOR PODIATRISTS

Produced by the Council for the Professions Complementary to Medicine
5 February 2002

1. **Statutory jurisdiction of the Council.** The Council for the Professions Complementary to Medicine is bound by Part V, Articles 27, 28 and Third Schedule of the Health Care Professions Act, 2003 (Cap. 464) to keep registers in respect of podiatrists and to prescribe and maintain professional and ethical standards for them

2. Part V, Article 25 (1) of the Health Care Professions Act, 2003 (Cap. 464) lays down that no person shall practice the profession of podiatry unless he/she is registered with The Council for the Professions Complementary to Medicine.

3. The Council for the Professions Complementary to Medicine is empowered to issue notices, containing ethical standards for podiatrists as laid down in Part V, Article 27 (1) (b) of the Health Care Professions Act, 2003 (Cap. 464).

4. As a professional group, podiatrists are committed to provide the best possible service to patients, having due regard to established and accepted code of practice, in particular section 257 of the Criminal Code of Malta Cap. 9 and Section D, paragraph (2 and 3) of the Code of Professional and Ethical Conduct regarding confidentiality on personal health information laid down by The Council for the Professions Complementary to Medicine.

5. **Convictions.** Disciplinary proceedings will be taken against any podiatrist if convicted for criminal offences by any Court in Malta and Gozo of a crime punishable by imprisonment for any term exceeding one year or for any of the crimes mentioned in Sections 198 to 209, both sections included of the Criminal Code, or for:

   - Acts of immorality, indecency or dishonesty or any other act involving the abuse of professional relationship.

   - Treating or examining patients while the podiatrist is under the influence of drink or drugs.

   - Forgery, fraud, embezzlement, money laundering and cognate offences.

   - Gross or prolonged neglect of duties and disregard of personal responsibilities to the patients.

6. The podiatrist should at all times act in such a manner as to justify public trust and confidence, to uphold and enhance the good standing and reputation of the profession, and to serve the public interest and the interests of patients.

7. With the view to the fulfilment of their professional responsibility and in the exercise of their professional accountability, podiatrists shall:

(A) With Reference to his/her Profession

1. Comply with the provisions of Part I of the Health Care Professions Act, 2003 (Cap. 464) and with any other laws affecting the profession.

2. Be accountable for his/her work.

3. Take every reasonable opportunity to sustain and improve his/her knowledge and professional competence.

4. Be prepared to request additional training/support when he/she perceives the need.

5. Inform the Council for the Professions Complementary to Medicine about any conscientious objection to the exercise of his/her professional practice.

6. Ensure his/her professional responsibilities and standards of practice are not influenced by considerations of age, sexual preference, religion, sex, race, nationality, party politics, social or economic status or nature of a patient's health problems.

7. Refuse to accept any gift, favour or hospitality that might be interpreted as seeking to exact undue influence to obtain preferential treatment.

8. Avoid advertising or signing an advertisement using his/her professional qualification(s) to encourage the sale of commercial products.

9. Not be in practice or professional association with a podiatrist/chiropodist who is not state registered by the C.P.C.M.

10. Confine his/her practice to the recognised field.

(B) With Reference to Relationships with Patients

1. Take cognisance of and respect the customs, values, spiritual beliefs and human dignity of patients.

2. Be considerate to the physical and physiological needs of patients and the effects on them of the hospital/clinic environment.

3. Refrain from making use of the privileged relationship with patients or the privileged access to their property.

4. At all times act in such a way as to promote and safeguard the well being and interests of patients for whose care he/she is professionally accountable and ensure that by no action or omission on his/her part their condition or safety is placed at risk.

5. Treat any information obtained from the patients or their records with confidentially.

(C) With Reference to Relationships with Colleagues

1. Ensure that no unqualified person exercises the profession of Podiatry, or act as if he/she is duly qualified or registered. Nothing in this paragraph is to be regarded as affecting the proper training of bona fide students, provided that adequate and effective supervision is exercised over them.

2. Accept a responsibility relevant to his/her professional experience for assisting peers and subordinates to develop their professional competence.

3. Take appropriate action if the workload and pressures on professional colleagues and subordinates are such as may endanger safe standards of practice.

4. Inform the authorities immediately if safe standards of practice are in any way endangered due to inadequate physical working conditions or resources.

5. Work in a collaborative and co-operative manner with other health care professionals.

6. When temporarily in charge of a colleague's patients, not attempt to influence such patients to abandon his practitioner. The methods of treatment originally employed should be upheld as far as is consistently plausible and no way disparaged. In consultation, due regard should always be paid to the podiatrist in charge of the case.

7. Ensure that unethical conduct and illegal professional activities are reported to The Council for the Professions Complementary to Medicine.

(D) Unprofessional Conduct

Saving for other provisions of law no registered podiatrist shall:

1. By any act or omission do anything or cause anything to be done which he or she has reasonable grounds to believe is likely either to endanger or adversely affect in a substantial way the health and/or safety of a patient or patients.

2. Knowingly disclose to any patient, or to any other unauthorised person, the result of investigations or any other information of personal or confidential nature gaining in the course of practice in his/her profession.

3. Disclose voluntarily without the consent of the patient, preferably written, information, including certification that he/she has obtained in the course of his/her relationship with the patient. Exception to this rule is made only by the requirements of the local laws. Podiatrists are referred to the contents of section 257 of the Criminal Code of Malta Cap. 9 which reads as follows:
" If any person or who, by reason of his calling or profession or office, becomes the depository of any secret confided to him, shall except when compelled by law to give information to the public authority, disclose such secret, he shall, on conviction be liable to a fine (multa) not exceeding Lm 20,000, or to imprisonment for a term not exceeding two years, or to both such fine and imprisonment".

4. Neglect the contents of paragraph (F) of this chapter relating to cross infection.

(E) Advertising and canvassing[ix]

1. **Provision of service:** Advertising by Podiatrists in respect of professional activities shall be accurate and professionally restrained.

2. It is unethical to solicit to potential patients, whether such solicitations are made physically or through any form of communication.

3. Advertisement whether written, or audio-visual, should reflect the truth and should not be, fraudulent, misleading, deceptive, self-laudatory, unfair or sensational.

4. Claims should not be made extolling superiority of personal skills, equipment or facilities.

[ix] As amended by CPCM decision on 7th September 2006

5. While it is correct for Podiatrists to publicise their profession and practice, they should act in a restrained manner with regards their personal professional practice.

6. Signs and professional plates should be dignified and professionally restrained, and shall indicate the Podiatrist's name, qualifications, any other diplomas or degrees registrable by The Council for the Professions Complementary to Medicine, the title of state registered Podiatrist and the hours of attendance.

(F) Cross Infection

In drawing up a statement of principles for commendation to its registrants, the Council is bound to take note of recommendations from other European countries with particular attention to the UK Health Departments' expert advisory group on AIDS. In particular, on the risk to patients from HIV infected health-care workers, routine infection control measures, need for screening of health-care workers, close continued supervision of infected health-care workers and the responsibilities of employer and rights of health-care workers, together with the sources of specialist advise and counselling.

In drawing up the statement, the Council requires state-registered practitioners to maintain the strict confidentiality in all dealings with their patients.

The statement of principles is as follows:

1. Members of the profession have a duty to take appropriate precautions to protect their patients and staff from cross-infection.

2. The concern surrounding the spread of HIV infection has served to highlight the precautions that should be taken by members of the profession. By following appropriate precautions to avoid cross-infection, members of the profession may continue to treat all members of the public with total safeguards for all concerned. Failure to provide and use the appropriate facilities and methods may be considered to be unprofessional conduct.

2. It is the ethical responsibility of members of the profession who believe that they may have been infected with HIV or any other transmissible disease to obtain medical advice and, if found to be infected, to submit to regular medical supervision including counselling. It is the duty of such members of the profession to act upon the medical advice they have been given, which may include the necessity of ceasing practice altogether, or to modify their practice in some way in the best interest of protecting their patients. By failing to obtain appropriate medical advice, or to act upon the advice which has been given to them, members of the profession who know or believe that they may have a

transmissible disease may jeopardise the well-being of their patients. Behaviour of this kind may, again, raise a question of unprofessional conduct.

Additional Notes to be read in conjunction with the Code of Conduct

If at any time, guidelines, codes or policies are considered to impede the safe and effective performance of podiatrist's duties, proposals for change should be initiated through The Council for the Professions Complementary to Medicine.

This code should be read in conjunction with Part V, Articles 25 to 28 of the Health Care Professions Act, 2003 (Cap. 464).

MEDICAL IMAGING TECHNOLOGY

Occupational Description (Diagnostic)

Medical Imaging Technologists* (MITs) provide patient services using imaging equipment, as directed by physicians qualified to request and/or perform imaging procedures. When providing patient services, they ought to strive to provide quality patient care and are particularly concerned with limiting radiation exposure to patients, and third parties (ALARA principal). MITs ought to exercise independent judgement in the technical performance of medical imaging procedures by adapting variable technical parameters of the procedure to the condition of the patient and by initiating lifesaving first-aid and basic life support procedures as necessary during medical emergencies.

Scope of Practice

Professional competence requires that MITs apply knowledge of anatomy, physiology, pathology, positioning, imaging technique and abnormality detection in the performance of their duties. They must also be able to communicate effectively with patients, other health professionals and the public. Additional duties may include digital manipulation and archiving of post processed images, evaluation of imaging equipment, managing imaging quality assurance programs, supervision of patient database and providing patient education relevant to specific imaging procedures. The MITs ought to displays personal attributes of compassion, competence and concern in meeting the special needs of the patient and immediate relatives.

* Medical Imaging Technology includes:

a) Diagnostic Radiography
b) Magnetic Resonance Technology
c) Ultrasonography
d) Nuclear Medicine Technology

THERAPY RADIOGRAPHY

Occupational Description (Therapy)

Therapeutic radiographers administer radiation therapy services to patients. The radiographer provides appropriate patient care; exercises judgement in the administration of prescribed courses of treatment, tumour localisation, and dosimetry; and maintains pertinent records. The radiographer is particularly concerned with the principles of radiation protection for the patient, and third parties while carrying out these duties.

Scope of Practice

Professional competence requires that radiation therapists apply knowledge of anatomy and physiology, oncologic pathology, radiation oncology techniques, treatment planning procedures and dosimetry in the performance of their duties. They must also be able to communicate effectively with patients, other health professionals and the public.

The therapeutic radiographer accepts responsibility for administrating a prescribed course of radiation therapy and /or hyperthermia, observing the patient during treatment and maintaining pertinent records of treatment. Radiographers also evaluate and assess treatment delivered components, evaluate and assess the daily physiologic and psychological responsiveness of each patient and promote total quality care for patients undergoing radiation therapy. Additional duties may include tumour localisation, dosimetry, patient follow-up and patient education. Radiographers must have a stable, self-assured personality and ought to displays attributes of compassion, concern and competence in meeting the special needs of the oncology patient.

A CODE OF PROFESSIONAL AND ETHICAL CONDUCT FOR MEDICAL IMAGING TECHNOLOGY/ THERAPY RADIOGRAPHERS

Produced by the Council for the Professions Complementary to Medicine
5 February 2002

1. **Statutory jurisdiction of the Council.** The Council for the Professions Complementary to Medicine is bound by Part V, Articles 27, 28 and Third Schedule of the Health Care Professions Act, 2003 (Cap. 464) to keep registers in respect of Medical Imaging Technologists and Therapy Radiographers (MITs & TRs)and to prescribe and maintain professional and ethical standards for them

2. Part V, Article 25 (1) of the Health Care Professions Act, 2003 (Cap. 464) lays down that no person shall practice the professions of MIT & TR unless he/she is registered with The Council for the Professions Complementary to Medicine.

3. The Council for the Professions Complementary to Medicine is empowered to issue notices, containing ethical standards for MITs & TRs as laid down in Part V, Article 27 (1) (b) of the Health Care Professions Act, 2003 (Cap. 464).

4. As a professional group, MITs & TRs are committed to provide the best possible service to patients, having due regard to an established and accepted code of practice, in particular the Ionising Radiation Regulations and to Section 257 of the Criminal Code of Malta Cap. 9 and Section D, paragraph (4 and 5) of the Code of Professional and Ethical Conduct regarding confidentiality on personal health information laid down by The Council for the Professions Complementary to Medicine.

5. **Convictions.** Disciplinary proceedings will be taken against any MIT & TR if convicted for criminal offences by any Court in Malta and Gozo regarding crimes punishable by imprisonment for any term exceeding one year or for any of the crimes referred to in Sections 198 to 209, both sections included of the Criminal Code, or for:

   - Acts of immorality, indecency or dishonesty or any other act involving the abuse of professional relationship.

   - Treating or examining patients while the MIT & TR is under the influence of drink or drugs.

   - Forgery, fraud, embezzlement, money laundering and cognate offences.

- Gross or prolonged neglect of duties and disregard of personal responsibilities towards the patients.

6. The MITs & TRs are committed to keeping the radiation dose as low as reasonably achievable, consistent with diagnostic and treatment needs, and should apply this principle to any other imaging modality with which they work.

7. The MITs & TRs should at all times act in such a manner as to justify public trust and confidence, to uphold and enhance the good standing and reputation of the profession, and to serve the public interest and the interests of patients.

8. With the view to the fulfilment of their professional responsibility and in the exercise of their professional accountability, the MITs & TRs shall**:**

(A) With Reference to his/her Profession

1. Professional Integrity and Clinical Responsibility

- Comply with the provisions of Part I of the Health Care Professions Act, 2003 (Cap. 464) and with any other laws affecting the profession.

- Be accountable for his/her work.

- Ensure his/her professional responsibilities and standards of practice are not influenced by considerations of age, sexual preference, religion, sex, race, nationality, party politics, social or economic status or nature of a patient's health problems.

- Refuse to accept any gift, favour or hospitality that might be interpreted as seeking to exact undue influence to obtain preferential treatment.

- Take every reasonable opportunity to sustain and improve his/her knowledge and professional competence.

- Avoid advertising or signing an advertisement by making use of his/her professional qualification(s) to encourage the sale of commercial products.

- Inform the Council for the Professions Complementary to Medicine about any conscientious objection to the exercise of his/her professional practice.

2. Referral of Patients and Use of Imaging Technology

- Only accept requests for examination or treatment, which are properly authorised in accordance with, established criteria and where those requests are for examinations and treatment that will be of benefit to the patient.

- Perform diagnostic imaging, interventional procedures, and apply radiotherapy only upon documented request by an approved referral source. This request must contain sufficient clinical information to justify the examination or treatment.

- Carry out alternative examinations or treatment where, in his/her professional judgement, the original request was inapplicable to the patient's condition and the clinical history supplied. Provided that the alternative examination is linked to an original referral.

- Refuse to carry out or assist with imaging and treatment procedures where, in his/her professional opinion, the risk to the patient is greater than the benefit to be obtained by the procedure.

3. Dose Optimisation and radiation protection

- Understand his/her key position regarding radiation protection of the patient and therefore, he/she is committed to keeping the radiation dose as low as reasonably achievable, consistent with diagnostic and treatment needs, and should apply this principle to any other modality with which he/she works.

- Be able to interpret and apply all relevant rules, regulations and recommendations regarding radiation protection and dose optimisation, for example, those coming from international bodies such as the **ICRP**, **IAEA** and the **Radiation Division of the EEC**.

- Accept responsibilities as "Radiation Protection supervisors", when designated to act in this role by appropriate authorities.

4. Professional Development, Education and Training

- Take every reasonable opportunity to sustain and improve their knowledge and professional competence. He/she should promote the professional development and education of students and colleagues.

- Ensure that his/her professional role continue to develop in a dynamic manner. This may be carried out provided that: he/she has been properly trained; there is an agreed scheme of work; and the Health Authority has been informed and assured about the MIT & TR's competence.

- Consider the possibility of engaging in research with an aim to develop the practice of radiography as such.

5. Organisation and Quality Assurance

- Assume the responsibility for proper and efficient organisation of his/her work, use of resources, and the application of departmental policies for the area of Imaging technology/therapy radiography under his/her responsibility. The level of responsibility depends upon the appointment level within the organisation structure he/she possesses.

- Be part of the team that develops, maintains and monitors the quality standards within his/her department/clinic. If no program is running, then he/she has the responsibility to initiate one and to ensure its implementation.

(B) With Reference to Relationships with Clients

1. The Patient

- Treat any information obtained from the patients or their records with confidentiality.

- Information obtained as a result of diagnostic or therapeutic procedures carried out on a patient is not be divulged to the patient by the MIT & TR unless as part of an agreed scheme of work.

- Be considerate to the physical and physiological needs of patients and the effects on them of the hospital/clinic environment.

- Refrain from making use of the privileged relationship with patients or the privileged access to their property.

- Be responsible to promote and protect the dignity, privacy, autonomy and safety of all patients with whom he/she comes in contact.

- At all times act in such a way as to promote and safeguard the well being and interests of patients for whose care he/she is professionally accountable and ensure that by no action or omission on his/her part, their condition or safety is placed at risk.

- Introduce himself/herself to patient and should address the patient in an appropriate manner.

- Ensure that the patient is provided with information about the procedure prior to, during, and after the examination or treatment. He/she should ensure that the patient leaves the department understanding the appropriate follow-up procedure.

- By virtue of his/her professional ability, empower and enable the patient such that he/she may make his/her own decision about the nature and progress of his/her examination or treatment.

- Have sound knowledge of the operational system of his/her hospital/clinic, in order to be able to guide the patient for follow-up appointments.

- Take cognisance of and respect the customs, values, spiritual beliefs and human dignity of patients.

2. The Relatives

- Treat relatives with the same care and dignity as the patient.

3. The Referring Clinicians

- As a practitioner, to involve himself/herself with the clinicians as prescribers, in the process of weighing the risk-benefit factor. Such involvement contributes to the justification process.

(C) With Reference to Relationships with Colleagues

1. Other MITs & TRs

- Be loyal to fellow members of the profession and respect their dignity.

- Ensure that unethical conduct and illegal professional activities are reported to The Council for the Professions Complementary to Medicine.

- Accept a responsibility relevant to his/her professional experience for assisting peers and subordinates to develop their professional competence.

- Apply radiation protection recommendations in order to safeguard colleagues from accidental and unnecessary exposure to radiation.

2. Other Health-Care Workers

- Ensure that no unqualified person exercises the profession of Imaging Technology/Therapy Radiography, or act as if he/she is duly qualified or registered. Nothing in this paragraph is to be regarded as affecting the proper training of bona fide students, provided that adequate and effective supervision is exercised over them.

- Take appropriate action if the workload and pressures on professional colleagues and subordinates are such as may endanger safe standards of practice.

- Inform the authorities immediately if safe standards of practice are in any way endangered due to inadequate physical working conditions or resources.

- Work in a collaborative and co-operative manner with other health care professionals.

- Be able to apply and provide information about radiation protection regulations if necessary for any member of the health-care team to assist the patient during exposure.

(D) Unprofessional Conduct

Personal and professional standards: MITs & TRs shall adhere at all times to personal and professional standards that reflect credit to the profession. Failure to observe the requirements set out below would be the kind of conduct which it considers to be unprofessional conduct.

No registered MIT & TR shall:

1. By any act or omission do anything or cause anything to be done which he or she has reasonable grounds to believe is likely either to endanger or adversely affect in a substantial way the health and/or safety of a patient or patients.

2. Accept patients for any imaging examination or treatment unless same have been referred through a procedure that is in accordance with a MIT & TR's professional duty and can be identified as being authoritatively formulated and agreed upon by MITs & TRs, medical staff and responsible authorities.

3. Consider himself/herself out as a person who by training and experience is professionally qualified to diagnose or treat injury or disease, but the Council shall, however not regard it as a breach of this requirement if a MIT & TR;

   - in special circumstances, at the request of the medical practitioner in charge of a case, and in the absence of a radiologist, were to describe verbally to such a medical practitioner the appearances seen in an imaging examination to such extent as might be necessary to assist him/her in making a diagnosis;

   - Provides a verbal comment on image appearances to the patient and a written comment to the medical practitioner enlarging on those made verbally, provided such comments form part of a scheme of work agreed by medical staff, MITs & TRs, and the employing authority.

4. Knowingly disclose to any patient, or to any other unauthorised person, the result of investigations or any other information of personal or confidential nature gaining in the course of practice in his/her profession, other than under the circumstances described in paragraph (3).

5. Disclose voluntarily without the consent of the patient, preferably written, information, including certification that he/she has obtained in the course of his/her relationship with the patient. Exception to this rule is made only by the requirements of the local laws. MITs & TRs are reminded of section 257 of the Criminal Code of Malta Cap. 9 which reads as follows:
   " If any person or who, by reason of his calling or profession or office, becomes the depository of any secret confided to him, shall except when compelled by law to give information to the public authority, disclose such secret, he shall, on conviction be liable to a fine (multa) not exceeding Lm 20,000, or to imprisonment for a term not exceeding two years, or to both such fine and imprisonment".

6. Neglect or be unaware of the Council's Statement on cross infection.

(E) Advertising and canvassing[x]

1. **Provision of service:** Advertising by MIT & TR in respect of professional activities shall be accurate and professionally restrained.

[x] As amended by CPCM decision on 7th September 2006

2. It is unethical to solicit to potential patients, whether such solicitations are made physically or through any form of communication.

3. Advertisement whether written, or audio-visual, should reflect the truth and should not be, fraudulent, misleading, deceptive, self-laudatory, unfair or sensational.

4. Claims should not be made extolling superiority of personal skills, equipment or facilities.

5. While it is correct for MIT & TR to publicise their profession and practice, they should act in a restrained manner with regards their personal professional practice.

6. Signs and professional plates should be dignified and professionally restrained, and shall indicate the MIT & TR's name, qualifications, any other diplomas or degrees registrable by The Council for the Professions Complementary to Medicine, the title of state registered MIT & TR and the hours of attendance.

(F) Cross Infection

In drawing up a statement of principles for commendation to its registrants, the Council is bound to take note of recommendations from other European countries with particular attention to the UK Health Departments' expert advisory group on AIDS. In particular, on the risk to patients from HIV infected health-care workers, routine infection control measures, need for screening of health-care workers, close continued supervision of infected health-care workers and the responsibilities of employer and rights of health-care workers, together with the sources of specialist advise and counselling.

In drawing up the statement, the Council requires state-registered practitioners to maintain the strict confidentiality in all dealings with their patients.

The statement of principles is as follows:

1. Members of the profession have a duty to take appropriate precautions to protect their patients and staff from cross-infection.

2. The concern surrounding the spread of HIV infection has served to highlight the precautions that should be taken by members of the profession. By following appropriate precautions to avoid cross-infection, members of the profession may continue to treat all members of the public with total safeguards for all concerned. Failure to provide and use the appropriate facilities and methods may be considered to be unprofessional conduct.

3. It is the ethical responsibility of members of the profession who believe that they may have been infected with HIV or any other transmissible disease to obtain medical advice and, if found to be infected, to submit to regular medical

supervision including counselling. It is the duty of such members of the profession to act upon the medical advice they have been given, which may include the necessity of ceasing practice altogether, or to modify their practice in some way in the best interest of protecting their patients. By failing to obtain appropriate medical advice, or to act upon the advice which has been given to them, members of the profession who know or believe that they may have a transmissible disease may jeopardise the well-being of their patients. Behaviour of this kind may, again, raise a question of unprofessional conduct.

Additional Notes to be read in conjunction with the Code of Conduct

1. If at any time, guidelines, codes or policies are considered to impede the safe and effective performance of MIT & TR's duties, proposals for change are to be initiated through The Council for the Professions Complementary to Medicine.

2. Since Imaging Technology and Therapy Radiography are constantly evolving professions it follows that many practices which would not have been permissible in the past may now, under certain circumstances, be permissible. Examples of such practices are:

a) A MIT & TR may undertake fluoroscopy if he/she believes that the condition warrants the use of such technique. This is a matter for professional judgement by the MIT & TR.

b) An Ultrasonographer may provide descriptions of images, measurements and numerical data especially in respect of medical ultrasound examinations. This should be part of an agreed scheme of work and the employing authority must authorise the giving of such reports in advance of the description being issued.

c) A MIT & TR may give injections and be involved in other clinical procedures, provided that he/she has been properly trained, has the approval of the clinician, and has informed the employing authority in writing.

This code should be read in conjunction with Part V, Articles 25 to 28 of the Health Care Professions Act, 2003 (Cap. 464).

SPEECH LANGUAGE PATHOLOGY

Occupational Description

Speech language pathologists are academically and clinically trained persons qualified to investigate and treat abnormal manifestations of speech, voice and language, for whatever cause, in children and adults

Scope of Practice

Professional competence requires that speech language pathologists ought to have an in-depth knowledge of normal communicative processes, development and disorders thereof, evaluation procedures to assess the bases of such disorders and clinical techniques that have shown to improve or eradicate them.

Speech language pathologists must have an overriding concern in helping patients understand and manage their speech or language problems.

Speech language pathologists, besides assessing, treating and advising patients and their families, have additional roles of advising, teaching and providing information, in relation to teachers and members of other professions concerned with communication disorders.

A CODE OF PROFESSIONAL AND ETHICAL CONDUCT FOR SPEECH LANGUAGE PATHOLOGISTS

Produced by the Council for the Professions Complementary to Medicine
5 February 2002

1. **Statutory jurisdiction of the Council.** The Council for the Professions Complementary to Medicine is bound by Part V, Articles 27, 28 and Third Schedule of the Health Care Professions Act, 2003 (Cap. 464) to keep registers in respect of speech language pathologists and to prescribe and maintain professional and ethical standards for them.

2. Part V, Article 25 (1) of the Health Care Professions Act, 2003 (Cap. 464) lays down that no person shall practice the profession of speech language pathology unless he/she is registered with The Council for the Professions Complementary to Medicine.

3. The Council for the Professions Complementary to Medicine is empowered to issue notices, containing ethical standards for speech language pathologist as laid down in Part V, Article 27 (1) (b) of the Health Care Professions Act, 2003 (Cap. 464).

4. As a professional group, speech language pathologists are committed to provide the best possible service to patients, having due regard to an established and accepted code of practice, and to Section 257 of the Criminal Code of Malta Cap. 9 and Section D, paragraph (4) of the Code of Professional and Ethical Conduct regarding confidentiality on personal health information laid down by The Council for the Professions Complementary to Medicine.

5. **Convictions.** Disciplinary proceedings will be taken against any speech language pathologist if convicted for criminal offences by any Court in Malta and Gozo of a crime punishable by imprisonment for any term exceeding one year or for any of the crimes referred to in Sections 198 to 209, both sections included of the Criminal Code, or for:

   - Acts of immorality, indecency or dishonesty or any other act involving the abuse of professional relationship.

   - Treating or examining patients while the speech language pathologist is under the influence of drink or drugs.

   - Forgery, fraud, embezzlement, money laundering and cognate offences.

   - Gross or prolonged neglect of duties and disregard of personal responsibilities towards the patients.

6. Speech language pathologists should at all times act in such a manner as to justify public trust and confidence, to uphold and enhance the good standing and reputation of the profession, and to serve the public interest and the interests of patients.

7. With the view to the fulfilment of their professional responsibility and in the exercise of their professional accountability, speech language pathologists shall:

(A) With Reference to his/her Profession

1. Comply with the provisions of Part I of the Health Care Professions Act, 2003 (Cap. 464) and with any other laws affecting the profession.

2. Be accountable for his/her work.

3. Recognise the limits of their professional competence and in the interests of their patients make referrals to other professionals where these limits are exceeded.

4. Take every reasonable opportunity to sustain and improve his/her knowledge and professional competence.

5. Be prepared to request additional training/support when he/she perceives the need.

6. Inform the Council for the Professions Complementary to Medicine about any conscientious objection to the exercise of his/her professional practice.

7. Ensure his/her professional responsibilities and standards of practice are not influenced by considerations of age, sexual preference, religion, sex, race, nationality, party politics, social or economic status or nature of a patient's health problems.

8. Refuse to accept any gift, favour or hospitality that may be interpreted as seeking to exact undue influence to obtain preferential treatment.

9. Avoid advertising or signing an advertisement using his/her professional qualification(s) to encourage the sale of commercial products.

(B) With Reference to Relationships with Patients

1. Take cognisance of and respect to the customs, values, spiritual beliefs and human dignity of patients.

2. Be considerate to the physical and physiological needs of patients and the effects on them of the hospital/clinic environment.

3. Must not, verbally or in writing, expressed or implied, guarantee results of any speech, language or hearing consultative or therapeutic procedure. A reasonable statement of prognosis may be made, but successful results are dependent on many uncontrollable factors, hence, any warranty is deceptive and unethical.

4. Refrain from making use of the privileged relationship with patients or the privileged access to their property.

5. At all times act in such a way as to promote and safeguard the well being and interests of patients for whose care he/she is professionally accountable and ensure that by no action or omission on his/her part their condition or safety is placed at risk.

1. Treat any information obtained from patients or their records with confidentiality.

(C) With Reference to Relationships with Colleagues

1. Ensure that no unqualified person exercises the profession of Speech and Language Pathology, or act as if he/she is duly qualified or registered. Nothing in this paragraph is to be regarded as affecting the proper training of bona fide students, provided that adequate and effective supervision is exercised over them.

2. Accept a responsibility relevant to his/her professional experience for assisting peers and subordinates to develop their professional competence.

3. Take appropriate action if the workload and pressures on professional colleagues and subordinates are such as may endanger safe standards of practice.

4. Inform the authorities immediately if safe standards of practice are in any way endangered due to inadequate physical working conditions or resources.

5. Work in a collaborative and co-operative manner with other health care professionals.

6. Ensure that unethical conduct and illegal professional activities are reported to The Council for the Professions Complementary to Medicine.

(D) Unprofessional Conduct

Saving for other provisions of law no registered speech language pathologist shall:

1. By any act or omission do anything or cause anything to be done which he or she has reasonable grounds to believe is likely either to endanger or adversely affect in a substantial way the health and/or safety of a patient or patients.

2. Accept patients for any examination or treatment unless same have been referred through a procedure that is in accordance with a speech language pathologist's professional duty.

3. Hold himself/herself out as a person who by training and experience is professionally qualified to diagnose or treat any condition outside the competence of the speech language pathologists.

4. Without the consent of the patient, voluntarily disclose information or certification that he/she has obtained in the course of his/her relationship with the patient. Save for any exceptions prescribed by the requirements of the local laws. Speech language pathologists are referred to the contents of section 257 of the Criminal Code of Malta Cap. 9 which reads as follows:
   " If any person or who, by reason of his calling or profession or office, becomes the depository of any secret confided to him, shall except when compelled by law to give information to the public authority, disclose such secret, he shall, on conviction be liable to a fine (multa) not exceeding Lm 20,000, or to imprisonment for a term not exceeding two years, or to both such fine and imprisonment".

5. Neglect or be unaware of the Council's Statement on cross infection.

(E) Advertising and canvassing[xi]

1. **Provision of service:** Advertising by Speech Language Pathologists in respect of professional activities shall be accurate and professionally restrained.

2. It is unethical to solicit to potential patients, whether such solicitations are made physically or through any form of communication.

3. Advertisement whether written, or audio-visual, should reflect the truth and should not be, fraudulent, misleading, deceptive, self-laudatory, unfair or sensational.

4. Claims should not be made extolling superiority of personal skills, equipment or facilities.

[xi] As amended by CPCM decision on 7th September 2006

5. While it is correct for Speech Language Pathologists to publicise their profession and practice, they should act in a restrained manner with regards their personal professional practice.

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3. It is the ethical responsibility of members of the profession who believe that they may have been infected with HIV or any other transmissible disease to obtain medical advice and, if found to be infected, to submit to regular medical supervision including counselling. It is the duty of such members of the profession to act upon the medical advice they have been given, which may include the necessity of ceasing practice altogether, or to modify their practice in some way in the best interest of protecting their patients. By failing to obtain

appropriate medical advice, or to act upon the advice which has been given to them, members of the profession who know or believe that they may have a transmissible disease may jeopardise the well-being of their patients. Behaviour of this kind may, again, raise a question of unprofessional conduct.

Additional Notes to be read in conjunction with the Code of Conduct

1. Since speech language pathology is a constantly developing profession it follows that many practices which would not have been permissible in the past may in the future under certain circumstances, be permissible.

2. If at any time, guidelines, codes or policies are considered to impede the safe and effective performance of speech language pathologist's duties, proposals for change are to be initiated through The Council for the Professions Complementary to Medicine.

This code should be read in conjunction with Part V, Articles 25 to 28 of the Health Care Professions Act, 2003 (Cap. 464).